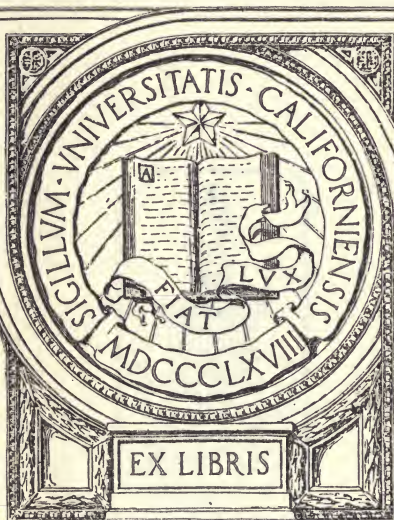


Nerves in Disorder

**A.T.
Schofield
M.D.**

IN MEMORIAM
Charles Josselyn.



Read page 617

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by Bulwer

Charles J. ...

NERVES IN DISORDER

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NERVES IN DISORDER

A PLEA FOR RATIONAL
TREATMENT

BY

ALFRED T. SCHOFIELD, M.D., Etc.

HON. PHYSICIAN FRIEDENHEIM HOSPITAL

LONDON

HODDER AND STOUGHTON

27, PATERNOSTER ROW

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PREFACE

THIS little book consists substantially History of this book. of a lecture (with additions) delivered at the Sanitary Institute twelve years ago. It was printed at the time by special desire for private circulation. Now it is entirely recast, and published for the first time in response to very numerous requests.

Given originally to the public in the form Free from technicalities. of an address, it was kept free from needless and unintelligible medical expressions; and in the additions needed to bring it up to date the same style has been preserved.

It is now published because it is hoped Object, the relief of suffering. that an earnest attempt to plainly set forth what Functional Nerve Diseases really are will dispel the ignorance which regards them mainly as either shams or frauds. A short

treatise like this, however imperfect, couched in plain phraseology, may also do something to relieve those needless sufferings of nervous people which are due to a misapprehension of the nature of the disease, coupled with doubts as to its absolute reality.

If the causeless misery so frequently inflicted by the patient's nearest friends can be lessened, as it is hoped, by the reading of this book, its publication will be more than justified. We speak of "justification" because we think this is distinctly needed in any medical or semi-medical work brought before the public.

Reason for
publica-
tion.

As a rule, medical works are for medical men, according to the unwritten law of the profession. But when it appears possible, by the diffusion of knowledge and the simple presentation of facts concerning nerve disorders, to lessen and often to end much needless pain inflicted on these sufferers, and at the same time to inspire hope by pointing out common-sense lines of treatment, it is manifest that an exception must

be made. It is hoped that the present work may accomplish something towards this end.

Moreover, owing to the increased value of the brain as distinguished from the rest of the body in the march of civilisation, functional nerve disease is becoming daily of more importance, and the recognition of its nature, as well as the value of its early cure, a matter of ever greater consequence. Importance of subject.

A few simple hints on self-cure in slight cases, as well as the elementary diagnosis of these cases, and an outline of rational medical treatment, have been given.

The treatment of functional nerve diseases, since this lecture was first delivered, has undoubtedly been largely changed for the better by some skilled specialists, and some of my statements may not seem wholly justified now; but they are left, because, as many a sufferer knows, the old abuses do still exist, and a true view and enlightened treatment of nerve disease is far from universal. Old abuses still exist.

A short glossary is appended, not altogether on account of the difficulty of the words, but to point out the special meaning the author wishes to emphasise in the text.

ALFRED T. SCHOFIELD, M.D.

6, HARLEY STREET, W.

Easter, 1903.

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THE
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Functional Nervous Disorders

CHAPTER I

FUNCTIONAL NERVOUS DISORDERS

THERE can be no doubt that disordered nerves are everywhere increasing. I do not speak here of organic nerve diseases of the brain or spinal cord, producing such symptoms as paralyses, spasms, anæsthesias, or atrophies, but of functional nerve troubles of all sorts, whose symptoms, though perhaps too vague to classify, yet cause great pain to those who experience them. These sufferers abound all over the world, but are said at present to be least numerous in Germany, Russia, Italy, and Spain, more numerous in France, more so still in England, and most of all so in the United States.

It is certain that, with the increasing evolution of the brain, which is being worked harder and harder every day and kept at a continually augmenting strain and pressure,

Increase of
functional
nerve
disease.

Brain
strain
increases,
body strain
decreases.

these functional nerve troubles must increase. On the body, on the other hand, the strain is certainly less ; not only is labour-saving machinery everywhere more in use, but locomotion is becoming more mechanical, and in all varieties of work the need for muscular effort is decreasing. Indeed, were it not for our athletic sports and games the body might soon show signs of deterioration. As it is, it exhibits none of development ; and its value consists more and more in that it is a necessary agent of the brain and mind, to which, when in health, it acts as a well-trained servant, obeying orders and working for its interests.

Money now is almost exclusively made at the expense of the wear-and-tear of nerve, as contrasted with muscle tissue ; and it is a matter of ever-increasing economical importance to keep the money-making machine, the brain and mind, at the highest productive pitch—in short, in a state of perfect health.

Value of
under-
standing
the subject.

The right understanding, therefore, on the part of the laity, of the way in which the altered conditions of life affect the nervous organism is of the utmost value ; and a true economy consists in making use of the most

enlightened and modern methods of restoring it to health when overstrained or overtaxed.

It is well known, however, in spite of this, that while organic nerve diseases have received their full share of scientific attention, and been the subjects of extended research for many years, much less time or thought has been expended on functional nerve disorders. Indeed, it is only of late years, since this lecture was first given, that they have been fully recognised as distinct diseases in our country.

Functional
nerve
disease
little un-
derstood.

France and America were the two pioneers in diagnosis and treatment, and they are still as far in advance of England in methods and therapeutics as they are in their literature on the subject.

Listen for a moment to the usual routine treatment in England of a nervous case. "When one of these victims to hypochondria, who are commonly called *malades imaginaires*, has recourse to medicine for the relief of pain, or some other disturbance, he is usually told it is of no importance ; that he is fanciful ; and some anodyne is carelessly prescribed. The patient, who is really suffering the pain he has suggested to himself, feels convinced

Former
routine
treatment
of nerves.

that his malady is not known, and that nothing can be done for him. The idea that his complaint is incurable becomes intense in proportion to his high opinion of the physician's skill ; and thus the patient, who was suffering from the painful affection suggested by his mind, often goes away, not only uncured, but incurable." *

It is important to observe that a disease due to the imagination is not necessarily an imaginary disease, but may produce various functional and even organic disturbances. A wise physician once said to me : "If a man is so ill as to say he is ill when he is not ill, he must be very ill indeed." The diseases grouped under the heads of nervousness, hysteria, etc., are real in origin and effects, and formidable in their nature ; and it is high time that the ridicule, the offspring of ignorance, with which they have been so long surrounded be entirely done away with. These unhappy patients have been greatly wronged, and often cruelly treated.

Painful results from mistaken diagnosis.

A nervous invalid is a far greater sufferer than a man with a broken leg ; but with a would-be sapient but truly asinine nod,

* "Animal Magnetism" (Parkes).

we are content to dismiss the former as "only hysterical."

In a recent medical work we read : " The sister of the ward and the house physician settled between them that the case was hysterical, and the girl was malingering" (*i.e.* shamming); that is, that hysteria *means* shamming. Such a statement takes us back to the dark ages, when all insanity was possession by an evil spirit ; for it certainly implies that one with serious nerve disease is simply controlled by some lying principle. More sympathy and less contempt are indeed felt for a drunkard than for a hypochondriac. On this head Sir James Paget says,* " To call a patient ' hysterical ' is taken by many people as meaning that she is silly, or shamming, or could get well if she pleased. . . . (Hysteria . . . is a serious affection, making life useless and unhappy, and not rarely shortening it.)" Hysteria is not "shamming."

Picture the misery of a nervous invalid in a hearty English family, say of the bucolic order. " It is all fancy," is the stock phrase before her face ; " it is all humbug," the one behind her back. This ignorance is partly due to the fact that the symptoms are gene- A nervous invalid in a healthy family.

* Sir James Paget, "Selected Essays," p. 74.

rally subjective rather than objective, and that observation is not so much needed in their interpretation as reasoning power.

Cause of
cruelty.

So much is this the case that one great object in publishing this monograph is to put an end to the unconscious cruelty that is so common in these conditions. This cruelty springs from several reasons, which it will be well to consider in some detail. Let us first of all get the picture clearly before us.

Treatment
of a nerve
sufferer.

A mother or a daughter, more rarely a father or a son, becomes gradually the victim of some nervous disorder. Let us suppose the case of a daughter in some robust family. From the first the sufferer feels instinctively that the disease is something to be ashamed of, and to be concealed as far as is possible. This is of course only feasible up to a certain point, and as soon as the girl begins to be a trouble to others every effort is made by her family to assure her "it is nothing," that she is only "putting it on," that she could "stop it if she liked," that she only does it "to gain sympathy," and so on. If compassion for the sufferer is shown by any member of the family it is severely repressed by the others, as being "bad for her" and

"encouraging her." One who had been so treated came to a physician quite recently, and on entering his consulting-room burst into an agony of tears and exclaimed: "Oh, doctor! do you think I am shamming?"

Illustration
from an
actual case.

This girl was really suffering, I advisedly say, agonies. (The mental tortures, indeed, are often so indescribable that no physical pain is to be compared to them;) and over and above all else is the fear that the sufferer should be dubbed "hysterical," which means and can mean to her nothing else than fraudulent. These sufferings are at times so great that they may almost drive the patient to utter desperation, but they have to be concealed as far as is possible on account of the general ignorance that still prevails as to their real cause.

Eventually, in most cases, matters reach such a pitch that the self-conscious sufferer, who feels by this time more of a culprit than a patient, has to see the doctor, probably the local medical man. He, possibly to some extent influenced by the family request to confirm their verdict, and believing in his heart that nerves are mostly "fancy," from a total absence in his own medical

Result of
seeing the
doctor.

studies of any training in their pathology, very likely tells the patient that she is all right, her pain, etc., are purely imaginary, and the girl leaves his presence being assured indirectly, and partly convinced, that she is an impostor, and that after all she *is* hysterical.

The doctor's official sanction always makes the home persecution—though such persecution is not unkindly meant, but intended to act as a cure—more severe ; and the sufferer is soon reduced to apathy and despair. Obvious physical symptoms by this time probably supervene, and the patient gets so much worse that she is reluctantly taken to get the opinion of some eminent specialist. This, practically, is the turning-point in her life.

The turning-point
in her life
for good—

If the selection of the man be a wise one, and he is truly a serious student of functional nerve disorders, the patient has not been five minutes in his room before she feels she is understood for the first time since she was taken ill, it may be many years before. She begins to describe her symptoms, which have hitherto been treated with ridicule, timidly and apologetically, but as she finds she is gravely listened to, and apparently believed, she

grows bolder and more fluent, and when she has finished, she no longer expects to hear the familiar formula, "It is nothing," etc., but listens with wrapt interest to her prospects of cure; and she departs willing to follow to the utmost the directions of the first man who has treated her sufferings with respect. Should she, however, unfortunately fall, as is still possible, into the hands of a consultant but little more modern in his views than the old family practitioner, and should the great man confirm the verdict that "it *is* nothing," and prescribe that she "must take a change," and not "think so much of herself," her fate is practically sealed, and she departs not only unrelieved, but possibly invalided for life. Or for evil.

Would that I could depict the causeless cruel sufferings and the chronic invalids that are entirely the results of such treatment! Consider the feelings of a mother who all her life has given her strength to her family, and who, when at last it begins to fail and nerve symptoms set in, is made to feel a fraud and her sufferings unreal. Or again, consider the case of a daughter, the sole invalid in an otherwise healthy household, who is

Case of a
nervous
mother.

compelled to hide her nervous dreads and agonising pains for fear of ridicule, until either the mind or nervous system entirely gives way.

Sufferings
not exag-
gerated.

Do not think for one moment these sufferings are imaginary or overdrawn. I should never depict them, nor would this lecture be published, did I not know they exist in hundreds of cases to-day ; indeed, so common are they that there are few who read these lines who will not be able to recall from their own knowledge some such scene.

A change
needed.

It is truly high time that this, the most neglected class of disease, received more attention at the hands of the profession, and that it occupied a different place in the minds of the public ; so that the added load of cruel treatment and misunderstanding should be taken away from the nervous sufferer, and he or she be no longer condemned to endure needless pain from the ignorance of others. So much for the picture : now for the reasons that alone make it possible.

Three
causes of
this treat-
ment.

It appears to me that the common contemptuous treatment of nervous invalids and their own deep feeling of shame at their ailments spring from three distinct causes.

In the *first* place, the medical attitude towards these cases is too often contemptuous or incredulous, and these feelings are reflected and exaggerated in the conduct of the friends of the patient.

In the *second*, popular opinion has for so long associated the very word "hysteria" with fraud and pretence that it is almost vain to combat it.

In the *third* place, it may not be denied that the symptoms of these diseases, springing as they do from disordered nerves, do not exhibit the grave and regular sequence of organic diseases, but are often to the last extent vague, contradictory, and capricious, and sometimes apparently foolish.

We may even go further than this, if we are justly to hold the balance of truth in this matter, and say that patients have often themselves to blame to no small extent for their own capricious conduct, that they could well repress, which leads to such painful suspicions of their good faith. It may not be denied that the idea of fraud would be much less common if patients vigorously exercised whatever self-control they might possess to confine the signs of disease to

Patients are often to blame for being misunderstood.

those symptoms which are unavoidable. Doubtless loss of self-control is itself often one of these signs. Still much more might frequently be done by patients to avoid the appearance of "putting it on" that they are so often credited with. Perhaps this little hint may be as useful to sufferers as I hope the strong remarks I have already made may be to their friends and advisers.

All this, however, does not throw any doubts upon the very real character of the disease or the pain attached to it.

Relief when
under-
stood.

When once nerve patients can go to doctors with confidence that their sufferings will be understood and regarded as real and *bonâ fide*, I am convinced that, so far from this tending to establish and perpetuate and foster these diseases, it will largely mitigate their terrors, greatly shorten their duration, and make many a life happy that is at present tortured and despairing.

Imaginary
diseases
and
diseases of
the imagi-
nation.

Up to fifty years ago doctors failed to make the distinctions we have drawn between an imaginary disease and one due to the imagination, and airily dismissed both as malingering. No suspicion seems ever to have entered their minds as to the root

error they were making, and the disastrous consequences for which they were surely responsible. It never occurred to them that an imaginary disease was a disease a person *had not got*; but a disease due to the imagination, on the contrary, was a disease the person *had got*. (Once this is fairly understood, and we thoroughly and clearly grasp that a disease of the imagination only differs from a disease of the lungs in being more obscure and difficult to treat, that it probably causes more suffering, and may end in death, we are up to date, at any rate, in this matter.)

Archaic survivals (early Victorian), however, everywhere abound amongst doctors, to whom the above is utterly futile—a playing with expressions, and a trifling with the word “disease.” I do not, of course, defend the term “imagination” or “imaginary” as scientific, but it is accurate enough for our purpose.

The difficulty is that, the disease being seen to be partly of mental origin, and no mind being known or recognised by the doctor but conscious mind, he concludes that the patient must be aware of the mind action which is causing the disease, and that she

Unconscious mind must be recognised.

is therefore to some extent to blame. The truth, which we hope will now be recognised, is that all the causative changes take place in the unconscious mind, and that the patient is wholly ignorant of anything but the results in the body—the pain or disease suggested. This is the true solution of the difficulty.

But we must try to explain as simply as possible what we mean by the terms “conscious” and “unconscious” minds. These expressions are in themselves misleading, and give the idea that there are two minds, and thus obscure the essential unity. I only use the latter term here provisionally until “mind” is generally understood to include all mind, and not only, as now, a small part of it. The mind is one; but while one part is in constant illumination, another is never lighted by consciousness; and between the two stretches a tract of uncertain extent that is sometimes in light and sometimes in darkness—the sub-conscious region.

The mind
is one.

Conscious-
ness is
mental
sight.

Consciousness, after all, only represents what I *see* of my mind; but surely there are many ways of detecting its presence besides sight; and one might as well limit

the body to what one can see of it, ignoring those parts that are discerned by touch, as to make consciousness the only proof of mind. We can, of course, see the image of our faces in a glass, but we can just as clearly see the unconscious mind 'reflected in actions, and we have no more right to deny the existence of the one than of the other. To say you cannot think or feel unless you are conscious of the process, is to say one cannot tell a man is a watchmaker unless one actually sees him make the watch; whereas one reaches this conclusion by seeing the watch itself which he has made. In this case you infer the process when you see the product—the watch. In like manner, the results of unconscious thought seen in consciousness prove the existence of the unconscious mind. We must not only get rid of the idea that consciousness *is* mind, but also that it is the only proof of mind.

The process known by the product.

Mind, in fact, may be conscious, sub-conscious, or unconscious. The second state may be brought into consciousness by effort, the last cannot.

Our conscious mind as compared with the unconscious mind has been likened to the

Consciousness a small part of mind,

visible spectrum of the sun's rays, as compared with the invisible part which stretches indefinitely on either side. We know now that the chief part of heat comes from the ultra-red rays that show no light, and the main part of the chemical changes in the vegetable world is the result of the ultra-violet rays at the other end of the spectrum, which are equally invisible to the eye, and are only recognised by their potent effects.

The mind
and the
spectrum.

Indeed, as these invisible rays extend indefinitely on both sides of the visible spectrum, so we may say that the mind includes not only the visible or conscious part, and what we have termed the sub-conscious, that lies below or at the red end, but the supra-conscious mind, that lies beyond at the violet end—all the regions of higher soul and spirit life, of which we are only at times vaguely conscious, but which always exist and contain our most abstract and spiritual faculties as surely as the sub-conscious links us to the body on the other ; both the supra- and sub-conscious being parts of the unconscious mind. Of course, speaking of regions and levels is merely figurative, the non-extension of mind being a fundamental doctrine. I

would include in the supra-conscious such a faculty as conscience, which is surely a half-unconscious faculty. Moreover, the supra-conscious, like the sub-conscious, is best apprehended when the conscious mind is not active. Visions, meditations, prayers, and even dreams have been undoubtedly occasions of the working of the mind apart from the reason or consciousness.

The power to *use* our lives through the voluntary muscular and nervous systems appears to have been committed to our reason and conscious will-power; while the power to carry on the processes of life and existence generally is under the control of instinct or unconscious mental power. We may be said to *live* consciously and to *exist* unconsciously. The two powers are variously exercised; for while in health the conscious mind often acts to the detriment of the body, the unconscious never does, save when it is diseased. The direct limits of the conscious mind and will are fairly defined, and are generally pretty constant, though in some few individuals they extend much further than in the majority; but under no circumstances can the will produce any direct organic change in

The supra-conscious.

We *live* consciously and *exist* unconsciously.

Limits of the conscious mind.

the body. With heart and circulation the direct influence is very small. By conscious effort in some people the heart can be slowed ; and I believe there have been instances where it could be arrested. We cannot hold our breath indefinitely, but short of this can vary respiration to any extent by our will.

Three
systems in-
fluenced by
the will.

The respiratory (amongst the vegetative systems) and the nervous and muscular systems are the three over which the will has a large range of power, while over the rest its control is very limited.

Rational
action of
the uncon-
scious
mind.

Wherever the boundaries of the conscious are reached, there the powers of the unconscious mind begin, and its actions, though only styled instinctive, may be truly said to be on the whole far more rational and beneficial than those inspired by what is always assumed to be reason, but which just as often is unreason, and, indeed, becomes at times a positive power for evil over the body—a disaster which rarely happens in the case of the unconscious mind. We think we live entirely as reasonable beings, but it is very seldom that we do, and none of us could exist for a day were

Reason
and
unreason.

we not guarded and guided incessantly by a never-erring instinct.

A great part of our mental actions being beneath the level of consciousness, the result is that the mind may play a large part in disease without our being in the least aware of it, or having the power to prevent it. No physician who limits mind to consciousness can in my opinion rightly understand the true cause of many functional nerve diseases; and it is to this disastrous limiting of our mental processes to our knowledge of them that so much of the needless pain we have spoken of is really due.

Unconscious mind plays the greatest part in disease.

A notable illustration of this may be seen in Sir James Paget's essay on "Nervous Mimicry," * where he evidently feels that nervous mimicry is mental in its origin, and yet, limiting, as was common, mind to consciousness, he is unable wholly to accept this hypothesis in all cases. Some (*i.e.* those that can somehow be connected with consciousness) he of course recognises as of mental causation, while others (in children, or at any rate having nothing to do with consciousness) he does not. He also points

Sir James Paget and the unconscious mind.

* Sir James Paget, "Selected Essays," pp. 82, 83.

out that he has always failed himself to produce any mimicry of disease by any direction of his mind (showing again that it is the conscious mind that he alone recognises). He gives this as a proof that all cannot do so; whereas the truth is that *none can produce nervous mimicry by conscious effort*, and if they did it would be fraud, and not neuromimesis.

Mental sufferings in nerve disease.

Apart, however, from any suffering from errors in diagnosis, which is preventable, there is in functional nerve disease itself always great and unavoidable misery. The disease may begin insidiously, and it is only perhaps after some interval of time that the patient realises that she is different from others physically, or, as it often appears to her, mentally; for all sufferings can be grouped as belonging to the body or the mind. Mental suffering may be acute without any disorder of the mind existing. Indeed, where the mind is partly or wholly unhinged, suffering is often wholly absent.

In nerve disease the *mental* sufferings are really mostly due to the fact that the conscious mind is, as a whole, sound, and hence can feel intensely the disordered state of the

nervous system. This may show itself in dreads, fancies, fixed ideas, morbid thoughts, suspicions ; or perhaps losses of memory, of association, of vigour, of keenness of intellect, of quickness of feeling, of moral sense, or the faculties may be exaggerated in many ways ; but through it all the mind, as a whole, is sound, and generally recognises the morbid state of the nerves when explained, and longs to have it removed ; though in some cases the true condition is not perceived.

The *bodily* sufferings may range from mere weakness to the agonies of almost every known disease, which can all be reproduced by the unconscious mind with perfect fidelity, even against the conscious will or wish of the person. Physical sufferings.

It will be readily understood, without entering into details (which may be left to the next chapter), what a range of suffering is comprised here in mind and in body ; in fact, it may be said once for all that in no other disease, not even in cancer itself, is such an extended range of acute and often intolerable pain possible as in functional nerve disease ; and this class undoubtedly contains some of the greatest sufferers on earth. Not

Fears of
losing
reason
unfounded.

only does it consist in the causes we have enumerated, but superadded is often another, which inflicts intolerable agonies, and that is the apprehension of the loss of the mind—though fortunately this but very seldom comes to pass.

It is obvious that such fear must frequently exist where so much mental suffering is found, and it is of great comfort that it can be here emphatically stated that the dread is far greater than the danger, and that comparatively very few nerve sufferers ever lose their reason.

Neuras-
thenics and
neuro-
mimetics.

Looking at the classes of nerve diseases of functional character, we find they fall into two great groups—the *Neurasthenics*, or sufferers from nerve weakness of various kinds, and the *Neuromimetics*, or sufferers from nerve disorders, or unconscious mind disorders of an “hysterical” nature.

Dr. Allbutt
on neuras-
thenia.

The first class of neurasthenics have, as we have pointed out, only recently been treated with respect as real sufferers, and yet “neurasthenia,” says Allbutt boldly, “is neither a sham nor a figment. It is no mere hotchpotch into which odds and ends of nerve troubles are thrust.”

The word "neurasthenia" simply means nerve weakness. The term itself was unknown in England before 1886, though used earlier in America and Germany.

Neurasthenia used to be called hypochondriasis, being of course put down at first to that long-suffering organ, the liver. The term "hypochondria" is now reserved for a fixed delusive idea of some particular disease or local suffering. Herman defines it as "the belief without cause of serious bodily disease." This brings it very near hysteria, which is largely the nervous mimicry of disease.

Hypochondria.

Neurasthenia and neuromimesis, or hysteria, may of course coexist; but the former is decidedly more common in men than the latter.

There are many varieties of neurasthenia. When the chief trouble is in the head, we speak of cerebral neurasthenia; when it is in the spine, of spinal neurasthenia. In some the abdominal viscera are affected, and this is visceral neurasthenia. In others a very common form is sexual neurasthenia, and these are often considered the most incurable, and are certainly the most troublesome to deal with.

Varieties of neurasthenia.

Classes of
neurasthenics.

The classes of neurasthenics vary as much as the varieties of neurasthenia. There are three classes clinically constantly observed—the patients who look perfectly well and are cheerful, the nervously ill and wretched, and the mentally ill and gloomy. The first class are well nourished, plump, restless, and talk without ceasing; but the other two are downcast, and the latter especially will hardly speak. Idlers are frequently neuropaths, and need equal treatment for body and mind. This is generally successful if these idlers are men of capacity.

But the subjects of functional nerve disease are by no means always drawn from the same class, either mental, moral, or physical. We find sufferers amongst the greatest and the least, the noblest and the basest, the strongest and the weakest, amongst men and women. The same elements, after all, exist in great men and neuropaths; only in the former there is power to subordinate the means to the end, and to keep the idea noble and the habits excellent. Nervousness, after all, is an excess of self-consciousness of a normal quality.

Turning to neuromimesis, which simply means nerve-mimicry, it will be observed we do not use the word "hysteria" at all. "Hysteria" should not be generally used. We have already pointed out that from maltreatment and misunderstanding this word has become most undeservedly an actual reproach; so that to call a person "hysterical" is to give him a bad name.

For this and other reasons the word "hysteria" has become so unpleasant and misleading that it should be used as seldom as possible, and to this end I think the word might be severely restricted to those Its proper use. cases described under this head by the most modern authorities, which are mainly characterised by alterations in the field of vision, by sensations in various parts of the body, and by convulsive attacks. Neurasthenia and hypochondria, at any rate, should never be confounded with it. There may be and always are borderland cases; but we should be clear that neurasthenia is not, and should not be called, hysteria.

But preaching is one thing and practising But used here to mean neuromimesis. quite another, and for the present in these pages one must be content with the former without the latter; for it is clinically con-

venient, till the difference is generally recognised, to speak of neuromimesis and hysteria together, both being diseases of the unconscious mind, and content ourselves here with raising a protest and making suggestions for the future. As a matter of fact, the remarks I shall make on hysteria will apply far more to neuromimesis, or the nervous mimicry of organic disease, than to the true form of narrowed sensations and convulsive seizures.

We may repeat that in all that we have said, and shall say, we refer to functional nerve diseases only. It may be that some of my readers may not understand the full significance of this term.

Organic
and
functional.

It is used in contradistinction to organic nerve diseases, which form, as we have pointed out, a large and well-explored group, resting one and all upon some gross and ascertained organic change in some of the nervous structures of the body. If it is in the nerves ending in the body it is *peripheral*; if it is in the structures of the cord it is *spinal*; if in the brain, *cerebral*. These organic diseases are less characterised by pain (of mind or body) and more by other changes than is

the case in functional nerve diseases. The ^{Various symptoms.} symptoms are commonly those of paralysis in various forms and parts, or of imperfection of muscular actions and of sensations; but though as a rule the symptoms are more severe, they cause less distress to the sufferer, and are generally treated with much more interest and respect by the doctor than those of functional nerve disease.

These few remarks will serve to introduce the subject to our readers, and we trust also will show its importance both to the patient and the doctor.

We are firmly convinced that, when the true causes of functional nerve diseases are understood, the sufferings connected with them will be lessened, and the cures greatly multiplied,



Neurasthenia and Neuromimesis
Described



CHAPTER II

NEURASTHENIA AND NEUROMIMESIS DESCRIBED

BEFORE entering on details of nerves Normal nerve action. "in disorder," it will greatly help us if we briefly consider in a simple way the normal manner of action of nerves "in order."

Nervous structures in the brain may be Six varieties of nerve structure. divided into six varieties:—(1) The *organs of special sense*, including the nerves of hearing, sight, touch, taste, and smell; and, with regard to these, let us observe that mere mechanical irritation of them will produce their phenomena. A blow on the eye in the dark will produce the appearance of light, because the optic nerve is irritated; not, it is true, by waves of light in the retina, but by concussion. Sounds of all sorts are heard when there are none, if the nerve of hearing

be irritated by disease, instead of, as usually, by the waves of sound. Smells and tastes are also clearly perceived and described when none actually exist. The important bearing of this on nervous disease will soon be apparent. (2) *Nerves of sensation*, that bring intelligence to the brain from every part of the body. (3) *Terminal nerve centres*, in the cortex or surface of the brain, that receive and transmit all nerve messages, being under control of the will. (4) *Nerves of motion*, that carry nerve force from the brain to every muscle. (5) *Automatic nerve centres*, that carry out vital processes apart from any exercise of will, such as the beating of the heart, the processes of respiration, digestion, etc. (6) *Ideal nerve centres*, the seat of thoughts only, the most actively used and, perhaps, least understood of any.

Trans-
ference of
vibrations.

The nerve molecule is said to contain one thousand or more atoms, and all nerve action is believed to be by vibration of these atoms, all force being ultimately caused by similar means. If I *think*, certain vibrations are believed to take place in my ideal nerve cells; if I *feel* or *act*, in my sensory or motor nerve cells. Thought and action, which to us

appear so widely different, would probably, had we strong enough powers to see them, be perceived to be changes similar to each other, but occurring in different centres. Both are cell actions, and are nearly allied, the cells often being probably side by side or very closely connected; and thus an action commencing in one nerve centre may readily be transferred to another. An instance will suffice.

The fact of the teeth being set on edge by the scraping of a slate pencil on a slate is too well known to need description. But what is the cause? We *hear* the scrape, and as the unpleasant sound is composed of air-waves of irregular lengths, it jars the auditory nerve, and communicates special vibrations to its particles. It happens that in part of its course this nerve lies alongside another, that joins farther on one coming from the teeth and tongue. The jarring is communicated from the auditory nerve to the dental nerve by contiguity, and the brain receives the sensation of the teeth being set on edge shortly after the disagreeable sound is heard. This is an illustration of the transference of feeling from one nerve of sensation to another.

How the
teeth are
set on edge.

Let us consider transference of vibration * to sensory and motor centres from ideal centres.

We think
as we feel,
and feel as
we think.

It has been well said, "We think as we feel or think we feel, and we feel as we think. If we feel a pain, we think we are ill; and if we think we are ill, we feel ill." If my ideal centre vibrates with the thought of crossing the Channel in rough weather, and pictures the nausea that would then be felt, the vibrations are transmitted to the terminal centres of the sensory nerves running from the stomach, and I actually *feel* sick from communication of the idea with a sensory centre; and possibly, if of a highly nervous organisation, may actually *be* sick from transference to a motor centre.

Ideas start
real
feelings.

Real feelings and real acts can be started in entirely ideal centres. If we *think* intensely of any part of the body long enough, we *feel* sensations in that part. If we think of a good dinner the mouth waters. We shiver

* The word "vibration," applied all through here to nerves and nerve centres, is popular rather than scientific, for such vibrations cannot be demonstrated. We believe, however, that every mental action has some physical counterpart in the nerve structures, to which we give the name of "vibration," as it probably consists in some movement of the nerve atoms.

whether we only think of cold or actually feel cold. The sensation of pain can be produced as really and vividly by thoughts or ideas alone as light in the eye by striking it. In short, every sensation of the body ordinarily produced from without can also be produced from within. It is thus that the ideo-sensory and ideo-motor actions are produced.

These ideal vibrations, acting on motor and other centres, are quite different from the action of a motor centre by the direct impulse of the will ; the action being in the latter 'case voluntary and in the former involuntary. So far, observe, we have only spoken of ideas of which we are conscious, so that, although the modes of exciting these motor and sensory centres are abnormal, *we know them to be so*, and hence are not deceived, and do not deceive others, into believing them to be natural.

We are not
deceived
if the
ideas are
conscious.

Thus, when our teeth are set on edge from sounds we do not go to a dentist ; if we are sick from ideas we do not think we are dyspeptic ; if we hear noises in the ear we do not look for them externally ; if we shiver from thinking of cold we do not put on more clothing. But now let us go one step further into the region of unconscious cerebration

and of memories and habits, and the theory I wish to present as to the internal causation of these nerve troubles so often grouped under the word "hysteria" will be made plain.

Uncon-
scious vi-
brations or
sensations.

The brain not only acts by the will and by ideas of which we are conscious, but is continuously vibrating with ideas, memories, and trains of thought of which we are unconscious. It is so even with regard to common sensation. If you concentrate your attention on any part of your body, you become aware of sensations in it that escaped your attention before, but were equally there then. If with a feather I lightly tickle the back of your neck, and at the time you are engaged in very earnest conversation, the vibration aroused in the brain sensory centre is unnoticed by you ; and yet if I call your attention to the fact it is noticed at once. By increasing the stimulus I can make the waves of vibration set in action motor centres : involuntary ones, such as cause a shaking or shuddering of the neck ; or voluntary, such as turning the head round or moving away. If you are asleep I may tickle your foot so that you draw the leg away and you wake up. In this case you are probably

conscious of moving your leg ; but the stimulus that made you do it was too slight to reach your consciousness. We may thus be conscious of a transferred vibration leading to action or sensation, and yet be ignorant of the cause that set it going. Memories again will involuntarily, and it may be unconsciously, arouse both feelings and actions. I may have smelt the strong scent of some flower when some critical event took place—a proposal of marriage, or some sudden news ; henceforth, whenever the topic is touched on, the very scent or vibrations of the nerve of smell that represent it are exactly reproduced. A certain field always recalls a certain song we used to sing as we crossed it on our way to school. Thoughts of old Anglo-Indians set the vibrations of Eastern sights and sounds in action again in the old centres. Observe, in all these cases we are not considering vibrations deliberately set up by the will in an unusual way. You can, of course, produce these if you think of a green field when in a drawing-room, until you set in vibration the centre of sight and see the green grass ; or the centre of hearing, and hear the lowing of the cattle or the hum of the insects. This

Vibrations
from
involuntary
memories.

Vibrations
from
voluntary
memories.

is much easier if there are no distracting sounds, and if you close your eyes ; and still more so if there are some insects actually humming in the room. But the memories we speak of are wholly involuntary ones.

Pain is felt
in brain,
but referred
to nerve
origin in
skin.

Let us now sum up our results, taking a definite case, say, of a pain in the little finger. This pain is felt in the little finger, we say, though we really know that the only seat of any sensation is in the brain. It is there, at the central termination of the ulnar nerve (that we call the funny-bone), which leads from the little finger, that all the vibrations take place of which the mind becomes conscious and calls pain. Whenever these vibrations take place in the nerve centre in the brain connected with the little finger, the mind always refers the sensation to the commencement of the nerve in the little finger, whatever may be the real origin of this pain.

In the same way, if in your house the hall-door bell rings you say there is some one at the hall door ; if the drawing-room bell, there is some one there : and yet such may not be the case. I may have pulled the door-bell wire inside the hall, or as I passed down the kitchen stairs ; or a rat may have

moved it, or I may have struck the bell itself and made it ring, or a shock of earthquake may have shaken it, or a strong gust of wind; and yet, although these causes are so various, you, in the kitchen, always say, "There is some one at the front door."

It is so in the body. (1) The little finger is pricked—there is pain in the little finger. (2) The ulnar nerve itself is pressed on somewhere in its course, perhaps at the elbow—there is pain in the little finger. The hand may be cut off, and still if the nerve be irritated in the stump by pressure the man feels the pain in his imaginary little finger as truly and vividly as if it were still actually there. (3) Or again, there may be a tumour pressing in the brain on the centre of the ulnar nerve, and the most acute pain is felt in the little finger. All these instances are from direct irritation of the nerve in some part of its course. But as we have seen, we may go much further. The hall-door wire may have got caught with the drawing-room one, so that when the latter is pulled it is the hall-door bell that rings; the vibration is thus transferred. So in the brain. (4) I may, for example,

Various causes of pain in the little finger.

"Ideal"
agony in a
butcher.

set to work to think of my little finger, and so start sensations in it which if not actual pain are still sensations. But if I have the idea it is injured, though it may not be, I may feel the pain acutely from an idea alone. A butcher, pale, pulseless, and suffering acute agony, as he said, in his arm, was brought the other day into a chemist's shop. His cries were dreadful, for he had slipped in hooking a heavy piece of beef, and was suspended by his arm on the sharp hook; and yet when the arm was exposed it was uninjured, the hook having only caught in the sleeve.

(5) But again, the pain may have been originally caused by a gathering in the little finger, and afterwards kept up, long after the gathering was gone, by the thought of it in the ideal centre. (6) Association may produce pain, as seeing others with crushed little fingers. Or (7) memories, conscious or unconscious, of previously crushed little fingers, may also start and keep up this pain.

Seven
causes for
the same
pain.

Observe, then, the varied causes with the same effect. The little finger is in pain (1) from an injury, (2) from pressure on the nerve, (3) from pressure on a nerve centre

in the brain, (4) from transference by idea, (5) from habit of thought, (6) from association, (7) from memory. Only, in conclusion, we may add that while in health it is generally easy to discriminate between pain in the little finger caused by injury to the little finger and that set up in other ways, in nerve disease it is not. Nay, it is sometimes impossible not only to the sufferer, but to the doctor who attends him, and hence mistakes in treatment are easily made.

Undistinguishable in nerve disease.

From all this we now see clearly :—

First, that pain in all cases is a mental impression arising from certain changes or vibrations in the cerebral nerve centres, and so entering consciousness.

Pain is a mental impression.

Second, that in perfect health of the whole mind we are generally able correctly to find the true cause of the pain and the origin of the vibrations that produce it. We find, for instance, some part of the body diseased or injured in which we “feel the pain.” Very seldom, indeed, in perfect mental health does a mere impression produce acute physical pain. When the unconscious mind is diseased, as in hysteria, it is far otherwise. Here the suggestions unconsciously made

Pain may be with or without a physical origin.

vibrate in the ideal centres so strongly that pain is produced and felt equal in intensity in every way to that produced by local lesions in the body.

In all functional nerve diseases the brain centres are greatly weakened, and hence vibrate much more readily and intensely to changes in neighbouring ideal centres than they do in health. Pain is felt more intensely. It is felt from slight physical causes, and is felt more readily from purely ideal causes, but it is not referred directly to any supposed disease save in neuromimesis or nerve-mimicry; and here the thought or fear of the disease has, through the marvellous force of the unconscious mind, not only power to produce characteristic pain, but to start the whole chain of symptoms generally associated with the disease, and which in it cause the pain. We must remember that health itself is but a condition of unstable equilibrium, and a very little push upsets the balance, and produces dis-ease—health being, of course, ease.

Unconscious mind produces nerve mimicry.

Health is unstable equilibrium.

Power of the intellect.

In neuromimesis the intellect can influence and produce indirectly through the unconscious mind hyperæsthesia, anæsthesia, paræsthesia, dysæsthesia, and all varieties of

special sensation. The intellect can contract or relax muscles, and cause regular, irregular, and excessive movements, spasms, and convulsions. It can also produce loss of muscular power and paralysis. Intellect can in the same way influence the involuntary muscles of the heart, lungs, blood-vessels, bowels, also those in all organs. It also can affect the salivary and mammary glands, digestion, excretion, secretion, and general nutrition.

The mental emotions, which largely govern the sympathetic system, cause functional diseases of all parts and many organic diseases—inflammations, œdema, goitre, exophthalmic goitre, headache, angina pectoris, diabetes, Addison's disease, and neuroses of the extremities.

Power of
the emo-
tions.

So much, then, for an outline of nerve action.

We now turn to the causes of functional nerve diseases. These are predisposing and exciting.

Ætiology
of nerve
disease.

The predisposing cause to nerve trouble is principally a nervous diathesis or disposition. People are born nervous; that is, they are born with the nervous system unduly

The predis-
posing
cause.

predominant, less under control, less orderly in its action than in other people. No doubt a highly developed nervous system *with adequate control* is the best type for a man or woman; but without this control he or she joins sooner or later the ranks of nerve sufferers. The great predisposing cause is therefore heredity; but (and this may be noted as important), if the family history only reveals nervous troubles in other members as distinguished from loss of mind in any form, the invalid, however severe his symptoms and great his sufferings, is not likely to cross the border-line of sanity to the other side.

Is heredity.

The exciting causes may be mental or physical.

Exciting
causes.—
Worry.

The leading *mental* cause of nervous disease is worry, first and foremost, rather than work. Properly regulated brain-work no more leads to nerve disease than hard manual labour leads to disease of the muscles. Indeed, it is so far from injuring the nerves that it is one of the greatest sources of their strength, and one of the strongest safeguards against neurasthenia. Worry, however, is an unmitigated evil; it is a most vicious habit, doing good to none, but invariably damaging

more or less the nervous system of the one who gives way to it. This must be due to the constant cross-currents of thought that eddy backwards and forwards in the brain, and to real fatigue and difficulty in finding the resultant that shall issue in action from among a large number of conflicting forces.

Next to worry as a cause of nerve disease, ^{Mental idleness.} or perhaps bracketed with it, we should be inclined to place sudden mental idleness, such as school-girls' experience when all at once transformed at the close of the last term into "young ladies." The sudden change from working every day through a long time-table containing a perfect *olla podrida* of more or less useful subjects to the peaceful occupation of arranging the flowers in the drawing-room for half an hour daily, has a very marked effect on some natures, and they readily become a prey to nerve disorders from the abrupt cessation of brain-work. If one might for a moment play the part of adviser here, one would suggest, when school-days are over, six or twelve months of modified work at those essentials that are invariably left out of the school time-table—

we allude to domestic duties of all sorts, nature lore, hygiene, and other household matters. Six months at the House of Education, Ambleside, under Miss Charlotte Mason is a most admirable prophylactic in these circumstances.

Strain and overwork.

Long-continued strain from any reason is another cause, and so is overwork of all sorts, especially if combined with under-feeding, as is so common in the poorer classes. Bad mental surroundings, such as association with other nerve sufferers or anxious or fractious parents, are other agents ; and there are many more.

Physical and other causes.

Turning to the *physical* causes, which, however, generally duly act in conjunction with mental, we would place first general ill-health, especially if dyspepsia be present ; too much food or too little food may come next ; too much physical work is seldom a cause, but too little exercise frequently is. Sudden change of surroundings of any sort frequently develops nervous disease, as when a man retires from business, a girl gets married, or sudden loss of or increase of fortune takes place. Shock arising from accidents, bad news, etc., is a cause ; so is extreme grief

or extreme joy. Such, then, are the principal sources of nerve trouble.

Now, nervous people are the very salt of the earth, and the leading men in every profession are drawn from their ranks. They are men with brains that thrill, that feel, that are quick in action, firm, clear, and of high organisation. It is the nervous men that rule the world, not lymphatic vegetables.

Nervous
people the
salt of the
earth.

Listen to an impartial sketch of the type:—

“The skin is dark, earthy, pale, or may be of any shade, and is often hot and dry. The skull is large in proportion to the face; muscles spare, features small, eyes quick, large, lustrous; circulation capricious, veins large. Face characterised by energy and intensity of thought and feeling; movements hasty, often abrupt and violent, or else languid. Hands and feet small, frame slight and delicate. Require little sleep, drink much tea. Prone to all nervous diseases. Always seem to be able to do more than they are doing. The character may be, on the one side, admirable for its powers of mind and insight, for its lofty imagination; while, on the other, it may be disfigured by impetuous and unruly passions. To this class

belong the most intellectual of the race—the wittiest, the cleverest of mankind. These are the poets, the men of letters, the students, the professors, or the statesmen. Their great dangers consist in uncontrollable passions. *They feel pain acutely.* Nevertheless, they can endure long fatigue and privation better than the sanguine. They form the leaders of mankind. Amongst women there is delicacy of organisation, quickness of imagination, and fervour of emotion; but they are beset with danger, from want of control of their great powers.”

Now, it is the children of these people who, inheriting the nervous organisation of their parents without having their safety valve of hard work, so often fall victims to nervous diseases.

Details of
neurasthenia.

Passing now from generalities, we will consider a little more in detail the subjects of neurasthenia and of neuromimesis, taking the former first. In neurasthenia we have to do with every variety of brain and nerve exhaustion that may show itself physically in many various movements and actions, or mentally in every form of “nervousness” from

slight irritation to extreme nervous debility and different varieties of nerve aberration.

Cases of true neurasthenia, that is, of nerve irritation or exhaustion, dependent upon external causes or on some bodily illness, are mainly physical in their origin ; the mind, conscious or unconscious, being only affected in a secondary degree as a result of the nerve condition.

Causes of
neurasthe-
nia and
hysteria.

On the other hand, all cases of hysteria or neuromimesis contain a distinct primary mental element, which is an affection of the unconscious mind over and above any mere question of nerve condition ; while all other cases of delusions, fixed ideas, true melancholia, and other slight aberrations, reveal a primary disturbance, want of balance or unsoundness of the conscious mind or reason, and these are generally recognised as true mental cases. Hysterical patients, however, are not generally regarded as distinctly mental, owing to the fact that still, as a rule, in England mind is limited to consciousness. In France it is otherwise, for Charcot, quoted by Féré, says, "Hysteria is a psychical malady *par excellence*." In this country, from the fact of its seat being the unconscious

mind, which produces in the body the symptoms complained of, hysteria occupies an intermediate place between the pure nerve lesions on the one hand and the distinct mental troubles on the other.

Neurasthenia in
clever
people.

Neurasthenia is by no means a disease of degenerates, or of weak-minded people, any more than it is a species of malingering. In my experience the larger number of the victims to it are people of good and even great mental powers, who from an over-use of these very powers, or at times from a want of use of them, have fallen a prey to it.

We have already said that the nervous men rule the world, and those of this temperament are ever the ones whose nerves are most likely to break from their control from overstrain and other causes, and hence to suffer from neurasthenia of various sorts.

In a family it is often the bread-winner who is so afflicted, or perhaps the most intelligent daughter.

A low level of nervous organisation or imperfect education is not often a cause of this disease ; for though it occurs in the uneducated classes, other factors are generally the predisposing and exciting causes. One of

the best summaries as to the classes affected has been made by Karl Petré, of Upsala, in the *Deutsche Zeitschrift für Nervenheilkunde*, Bd. xvii., who reports the results obtained in a recent investigation of the frequency of neurasthenia in the various grades of society. Contrary to usual statements, he does not find a larger number of cases in the upper than the lower classes. Out of some 2,478 patients observed between 1895 and 1899, he met with 285 (11·5 per cent.) cases of definite neurasthenia. These he resolves into three groups: (1) artisans and peasants; (2) tradesfolk and under-officials; (3) intellectuals. In further division as to sex, males are easily first with (1) 14·8 per cent., (2) 13·2 per cent., (3) 13·3 per cent. As regards women, the numbers are (1) 11·4 per cent., (2) 6·6 per cent., and (3) 6·6 per cent. In Sweden it therefore now appears that neurasthenia is more prevalent amongst the working classes.

On the other hand, many cases of neurasthenia are put down to education; but we must remember that development of the nervous system makes for increased control. It is found by Dr. Allbutt that neurasthenics

Classes of
neurasthenics.

Not due to
rush of life.

are, after all, not more common in New York than London, or among the busy than the idle. The disease abounds in such places as Finland, and in the Yorkshire collieries. Petréu thinks that, as previous writers have drawn their statistics on the one hand from the higher classes and on the other from clinics, the results disagree, because many neurasthenics do not come under hospital treatment, whilst those of the former status readily consult their doctors. That the disease is not dependent upon the rush of modern life seems apparent from the fact that the greater number of cases came from the provincial parts of Sweden, where life is very simple and tranquil.

Causes of
neurasthenia.

As regards causation, 62 cases have followed family disappointments, 24 financial difficulties, and 47 overwork. Twenty-nine cases occurred after influenza, 21 acknowledged venery and other various exhausting excesses; in 16 females it complicated pregnancy and the puerperium, 8 were directly traced to alcoholic excesses, and 2 were produced by high temperatures experienced during their avocations.

A prominent factor is that of hereditary

alcoholism. In the early years of the century ^{Effect of alcohol.} large quantities of spirits, etc., were almost universally consumed, and where the alcoholic tendency is not directly apparent its influence is felt in the unstable nervous equilibrium of the present generation. Several cases are reported in which cerebral arteriosclerosis was present. Hygienic conditions also contribute to the increase amongst the lower classes. Lack of proper nourishment, insanitary dwellings, and monotony of existence are amongst some of the causes that need attention in order to prevent its further extension.

We need not repeat here the list of predisposing and exciting causes; for what we have given as those of general functional nerve disease apply equally well to neurasthenia.

The symptoms of this disease vary as widely as the classes which suffer from it. When a structure such as the nervous system is affected, that is an agent in nearly every bodily activity, it is obvious that the symptoms must vary with the part where the weakness predominates.

The following long list, made of the more

prominent of these symptoms, clearly shows this :—

List of
symptoms
of neurasthenia.

Scalp tenderness—headaches (not in my experience a common or a prominent symptom)—dilated pupils—feeling of pressure on the vertex—heavy expression of eye—congested conjunctivæ—alteration of the nerves of special sense (increased or diminished capriciously)—*muscæ volitantes*—noises in the ears—atonic voice—loss of mental control—irritability—hopelessness—morbid fears of open places, of crowds, of confined spaces, of being alone, of people, of responsibilities, of diseases, of infection, of trains or cabs, of everything (called by various Greek and other compound words, agoraphobia, claustrophobia, etc., etc.)—blushing—insomnia (a marked symptom)—drowsiness (in visceral neurasthenia)—tender teeth—dyspepsia—love of drugs—abnormal secretions—sweating hands—tender spine—tender coccyx—irritable heart—tremors—dysphagia—irritable cough—irregular respiration (sometimes “Cheyne Stokes”)—cramps—morbid sensibility—numbness—hyperæsthesia—exhaustion—pruritus—flushes—cold feet and hands—sudden changes of condition and symptoms.

To this long catalogue I may add from Some additions. personal experience: constant restlessness—defective memory—dizziness and giddiness—dread of noise or light—loss of voice—loss of sense of proportion, small things looking big, and important things trifling—want of co-ordination—palpitation of the heart—weariness of brain—“pins and needles” in limbs—left sub-mammary pain—left inguinal pain—nervous hand (flexed wrist, extended fingers, fine tremors, and dropped thumb)—flatulence, and constipation.

Out of the above 48 symptoms we may Classification of symptoms. class 26 as functional, 15 as mental, and 7 as physical or to a certain extent organic.

Neurasthenia, after all, is a word that describes two very different types of nerve disease, Two stages in neurasthenia. and these are “Nervous Irritability” and “Nervous Debility.” The seat of the trouble in either case may be in the spine or it may be in the brain; and two barbarous words of six and seven syllables have been coined to express each variety respectively, with which we need not trouble our readers here.

The first stage of “*nervousness*,” that of nerve irritability, is the general result of over-

strain of the nervous temperament, and is greatly on the increase, as the tension of life becomes more acute, while hysteria proper is diminishing. Constant brain irritants in the ideal centres, in the shape of small but perpetual worries, render the other nerve centres as morbidly sensitive as a constant succession of slight pin-pricks all over the body would the terminal sensory nerves. The manifestations of nervous irritation are numerous and characteristic.

Symptoms
of nerve
irritation.

Twitching -
Physically they may include constant or intermittent movement of body and face, sharp ringing cough, sudden hoarseness, quick and irregular breathing, starting, twitching, flushing, palpitation of the heart, tenderness of the scalp or spine, headaches at the top and back of the head, congested look of the eyes, noises in the ears, sleeplessness, dyspepsia and flatulence, perspiration, flying pains and cramps, and neuralgia in various parts.

Mentally, we get timidity, irritability, melancholy, and a dread of being alone, or "monophobia"; or in a crowd, or "agoraphobia"; or in close, confined spaces, or "claustrophobia." There is little mental

control or power; wrong words may be spoken or written.

Referring to the divisions of the brain, the cause may be said to be largely the result of want of control by the upper or cortex over the middle district, which may be due to inherent weakness or constant irritation from overwork or worry, or daily railway travelling. The constant movement characteristic of this condition is in itself a sign of weakness in the higher centres. A baby is always in motion. As we grow older we get quieter, and the man with the strong brain only moves for a definite purpose. Repose, not movement, is a sign of brain power.

Repose a
sign of
brain
power.

These cases are, in spite of what we have said, generally called "hysterical" or "hypochondriacal"; and the real affection, which is "nerve irritation," is still rarely found in medical works as a distinct disease, although all the symptoms clearly point to it, which in hysteria they do not; for although the latter disease is a nervous one, it generally appears to be organic. This first stage of nervousness, if the cause that produced it is still there, and no treatment is adopted, progresses, either naturally to the second stage, or abnormally

to general neuralgia, inebriety, etc., or even insanity.

Nervous
debility.

Before considering the treatment we will briefly describe the symptoms of the second stage of neurasthenia, viz. "nervous debility."

This is a still worse disorder. It is the manifestation of nerve exhaustion rather than irritation, and is generally a further stage of nervousness. It is the frequent result of excesses of all kinds. It is characterised by physical weakness, dilated and sluggish pupils, dimness of sight, general exhaustion, mental lassitude and apathy, occasionally varied by a false and capricious but evanescent energy. It is often combined in varying degrees, as would naturally be supposed, with nervous irritability, and frequently with hysteria.

So far from moving about, the patient is quite still, and becomes increasingly difficult to arouse to an interest in his surroundings. The symptoms in both stages are very variable at first, but tend to become increasingly fixed as time goes on.

Neuro-
mimesis
and
hysteria.

Turning now to neuromimesis, we must define its relationship with the word "hysteria,"

a word which, from its misuse, as we have pointed out, would be much better dropped, if it were possible. Hysteria by some is made to cover, every form of functional nerve trouble, including hypochondria and melancholia, as well as neurasthenia and neuromimesis.

Others again restrict it to the last two. Those who use the word rightly, restrict it to a disease of narrowed consciousness, characterised by defects of vision and sensation, and at times convulsive attacks of various characters; the mimicry of disease being better described under the head of neuromimesis.

Here, however, we shall often have to use the word "hysteria" to include neuromimesis, in accordance with the usual practice at present.

Speaking then generally of hysteria in this broad sense, we may say that the seat of this disease in every case is really in the brain, where it either actually originates or is caused by irritation from some part of the body that may be slightly diseased. This real seat of the disease is, however, seldom suspected by the patient or the

Seat is in the brain.

friends, who are, as we have shown, constantly misled—as, indeed, the physician may himself be led into error by the remarkable appearances of disease which it produces in various parts of the body. There may, of course, be real organic disease as well, and the two may be combined in any proportions.

Hysteria is so common that in some affections, such as pain in the back, it is the general cause, organic disease being the exception. We find hysterical sufferers in all our hospitals, amongst our friends in all circles of society, and all over the Continent. They used to fill our watering-places with interesting invalids in bath-chairs, who are, however, now comparatively rarely seen, the cause of the disease being more generally known.

Pain the
common
symptom
in hysteria.

One symptom of hysteria is generally *pain* of some sort having the character of distinct disease—as in the chest resembling pleurisy, in the heart resembling a form of heart disease, in the spine resembling spinal disease, in the knee resembling rheumatic gout, or elsewhere. In such cases even the skin is tender, and a slight touch hurts as much as a heavy one, which is not the case in local

disease. Or, on the other hand, any part of the body, whole limbs or isolated patches, may be insensible to pain, and be pricked without its being felt. This pain, we repeat, differs in its origin from all other, being neither neuralgia (or pain arising in the nerve itself), nor caused by any body disease; but, arising in the ideal centres of which we have spoken, it is probably transferred by vibration to the nerve centre belonging to that part of the body with which the idea is occupied, and the pain is referred to the nerves connected with this centre that commence in that part of the body where the pain is said to be felt and the disease supposed to exist.

As to this internal causation we may use again a familiar illustration. It is true that, The cause being in the brain. however much the hall-door bell may ring, though we always say there must be some one there, this by no means follows. Now a slight disease *in fact*, as a sprained knee; or *in memory*, as the continual painful recollection of one; or *in association*, as continually hearing about one, or reading about one, or seeing one, may so cause the centres in the brain connected with the pain, swelling,

and stiffness of the joint to vibrate, that the vibration is kept up without any actual disease being present, or long after it has ceased to exist.

It is wrong
to describe
"brain
pain" as
nothing at
all.

We must remember that while we may be wrong, when the door-bell rings, in saying there is some one there, we are certainly wrong, if we go there and find no one, in saying it is nothing at all. And yet we know it is this which is being said every day by some doctors, through want of any training in these matters, combined with too great training in believing only in what they can see or feel or hear. If such men find there is nothing wrong with the knee-joint, however loudly the patient may complain, they declare and stick to it that he has nothing wrong with him, and suggest that the patient does not really feel the pain at all; or, in other words, that the bell never rang.

Now the bell *did* ring, and the disease does exist; only, instead of being a common affection or disease of the knee, it is an obscure one of the brain. See what an injury is unconsciously inflicted on a nervous sufferer, who, feeling agonising pain in the knee or back, is first well pulled about, and

then, because nothing can be felt at the spot, is calmly told that nothing is the matter, and is sent away with the diseased ideal or other centre in the brain uncured.

Let us now briefly run over the symptoms of emotional hysteria proper, and then those of simulating hysteria or neuromimesis.

Amongst the symptoms of emotional hysteria may be included sharp cough, spasms, convulsions, and choking from a ball rising in the throat; laughing immoderately and crying, or both together; sudden movements more or less purposeless. The spasms may be local or general, or of any groups of muscles,—as of the chest, producing difficulty of breathing with signs of suffocation; or of the arm, or leg, or finger, or toe, producing temporary or permanent contraction of the part: these symptoms are made worse by sympathy, which simply feeds the vitiated ideal centres. The convulsions or hysterical fits are violent, and are usually ushered in by suffocation and pain on the rising of the “globus” or ball in the throat. The attacks are not very sudden, there being generally some struggling first. The patient then often shrieks, and

Symptoms
of true
emotional
hysteria.

becomes partly, not wholly, unconscious, the fit being aggravated by any notice or sympathy, for which there is often a great desire. The patient falls without hurting herself, and the fit rarely occurs in the night or when there are no bystanders. Nevertheless, the hysterical convulsion is in no sense a sham. The back is generally arched, which is rare in epilepsy, and the movements and language are more or less purposive. The tongue is not bitten. There may be several fits or only one.

Simulations of hysteria, or neuromimesis.

Mimetic or imitative hysteria, neuromimesis, is not characterised by these attacks or general sensations, but simulates every known disease, including tumours, deafness, blindness, dumbness, paralysis, St. Vitus' dance, etc., and is capable of producing, curiously enough, the highest temperatures of fever. In every case, though so various in their manifestations, it is probable that the cause is the same; and that the disease is first unconsciously pictured in the ideal centres, either from these being abnormally excited or disordered, or from some slight pain or symptom in the body suggesting the disease; or from fear of the disease, or seeing it in others, or having

it suggested to the mind : and that in these ideal centres the impression is so profound that the disease is not only believed by the sufferer to exist in the body, but that its symptoms are absolutely but unconsciously reproduced, by transference from ideal to motor and sensory nerve centres, with such amazing accuracy as often to deceive physicians themselves.

There is in neuromimesis a distinct disorder of the "unconscious mind." A man whose "conscious mind" is diseased is called insane; but one whose "unconscious mind" is affected is not regarded as insane, but as "hysterical," which to some is a worse name than the other. The delusions may be equally strong in both cases and the results on life almost as disastrous, and yet it is quite true that a man is not insane if he has only "hysteria." This nomenclature should not be disturbed, and the word "insanity" should not be allowed to cover any disorders below consciousness. In the present instance we have nothing to do with diseases of the conscious mind, and I do not write of the insane at all. Let it be understood, therefore, that in neuromimesis we get unconscious

Hysterical
and insane.

ideal centres, with or without "fits," but with the unconscious reproduction of the symptoms of some definite disease.

Nervous-
ness is not
hysteria.

Hysteria is therefore, in the broad sense, a disease that manifests itself either in exaggerated emotional displays with fits, or in the accurate but unconscious mimicry of known diseases. It will thus be seen that it is widely different from "nervousness," or neurasthenia, with its long train of well-marked nerve symptoms that suggest no disease but the one that is there. In neuromimesis there is no intention to deceive; and it must carefully be distinguished from malingering or shamming, which is a direct attempt at fraud, and for which no contempt or ridicule can be too severe, though of course the two may at times coexist. The essential difference that determines the question of fraud is that in hysteria the power that perfectly produces the symptoms of the disease is the unconscious mind, a force of which the sufferer is necessarily wholly ignorant. In the latter, the agent that clumsily feigns some disease is the conscious mind, of which the patient is cognisant and for which he is responsible, and this alone constitutes fraud.

Cases of neuromimesis occur usually in an ill-balanced or starved brain; so that, although the conscious mind is not unhinged or absolutely diseased, it is often weak and erratic—a condition that also lends itself to the appearance of fraud.

Suppressed gout—*i.e.* the uric acid diathesis that has not exploded in an acute attack—producing as it does tinglings, burnings, pains, and pressures, and other morbid sensations in various parts of the body, has been very justly pointed out by Sir James Paget as a fertile exciting cause of neuromimesis.

Hysteria in ill-balanced brains.

"Suppressed" gout and hysteria.

Hysteria is thus often the result of some slight but real disease in a person with an ill-balanced or worn-out brain; and this slight but real disease sets up a train of associations that produce true neuromimetic disease—that is, a disease the seat of which appears to be in the body, but is really in the brain. Hysteria is most common in the spring, when the nervous system is least well balanced. It is common in the under- and over-worked, in the badly trained and imperfectly educated; in boys from ten to fourteen, in girls

from sixteen to twenty-five, and in spinsters at any age.

Over-education and subsequent idleness combined are fertile causes. It is often found in people otherwise strong-minded and clever. The mental characteristics found in these sufferers are thus described by Dr. Buzzard :—

Dr.
Buzzard
on the
hysterical.

“Intelligence good, apprehension quick, memory good, judgment weak, no ability of concentration of thought for any length of time. Accuracy and perseverance are deficient. Emotions too easily excited, and incapable of control. The expression of emotion is incongruous—tears at ridiculous subjects and laughter at tragic. There is great desire for the sympathy and attention of others. Sometimes there is exaggeration in varying degree, which, however, is probably a part of the disease.”

This last point must be noted. For while there can be no doubt that many of the feelings, such as pain, are exaggerated, we must remember on the one hand that they are certainly felt, and on the other that the very exaggeration is a proof, not of fraud, but, as we have said, of the ill-balanced

Hysterical
cases not
fraudulent.

working of the judgment and perceptive powers of the brain.

I will now give a few typical examples of neuromimesis, selected from hospitals and published cases rather than from personal private practice, for obvious reasons.

Joint Disease.—Skey records a case of a ^{Hysterical joint disease.} young lady of nineteen whose knee so deceived him that he actually recommended amputation; when, suddenly making up her mind one day to attend the wedding of her sister, she got up and walked, and the disease was cured. Sir Benjamin Brodie said that four-fifths of the cases of knee-joint disease amongst the rich are hysterical, and Sir James Paget that one-fifth amongst the poor are so.

What is so remarkable about these joint ^{Changes in the joint.} cases is that, not only are pain and stiffness complained of, but the continual attention directed by the sufferer to the joints may produce actual enlargement and heat. A short time ago a young lady came up with a large swelling on her knee to see one of our most celebrated surgeons; and he, failing to recognise the functional character of the disease in the brain, so complete was the resemblance

to joint disease, told her, like Skey, that the leg must be amputated, or at any rate the knee-joint resected. Her distress was very great, and as she was out of health she was told to go to Brighton for a few weeks first, to get her health restored. She, however, drove off to another surgeon, who fortunately had made a study of hysteria; and he discovered the true seat of disease, and in a few weeks the "knee," or rather brain, was cured, and no amputation needed. Joints are hysterically affected in the following order of frequency: the knee most, then the hip, wrist, ankle, and shoulder.

Hysterical
spinal
disease.

Spinal Disease and Paralysis.—Sir Benjamin Brodie was called to a young lady who had had hysterical spinal disease for six years, and for four years had been lying on her face on a curious wooden machine made for the purpose, where she ate and slept. He cured her in a few weeks.

Dr. Reynolds tells an affecting story of a young lady whose father was paralysed, and who so feared the same would happen to herself that she gradually lost the use of both legs and became a helpless cripple. On the cause being proved to her to be purely

mental, in five days she sat up, and after a fortnight walked a quarter of a mile.

A woman was brought on a couch into a London hospital by two ladies, who said she had been suffering from incurable paralysis of the spine for two years, and having exhausted all their means in nursing her they now sought to get her admitted, pending her removal to a Home for Incurables. After two hours' treatment I walked with the woman half a mile up and down the waiting-room, and she returned home in an omnibus, being completely cured. An amusing case is that of a paralysed girl, who, on learning that she had secured the affections of the curate that used to visit her, got out of bed and walked, cured; and afterwards made an excellent pastor's wife.

A remarkable instance of this sort of cure is that of a child afflicted with paralysis, who was brought up from the country to Paris to the Hôtel Dieu. The child, who had heard a great deal of the wonderful metropolis, its magnificent hospitals, its omnipotent doctors, and their wonderful cures; was awe-struck, and so vividly impressed with the idea that such surroundings must

And
paralysis.

have a curative influence, that the day after her arrival she sat up in bed, much better. The good doctor just passed round, but had no time to treat her till the third day, by which time, when he came round, she was out of bed walking about the room, quite restored by the glimpses she had got of his majestic presence.

Cure of a
case.

Dr. Dale tells us of the wife of a medical man with hysterical paralysis of her legs. She was told it was due to her mind, and to overcome it by force of will (a futile suggestion): she could not, and went about in a bath-chair. One summer a drunken Highlander tried to kiss her; she jumped up and ran off, cured, to her husband. Here we see most instructively the impotence of the conscious will-power, and the force of the unconscious mind the moment there is a suggestion strong enough to reach it.

This is the class of disease, as distinguished from neurasthenia, where sudden and sensational cures are possible and common, and often in appearance seem almost miraculous.

Cases of this sort, that come under the head of hysteria, including especially paralyses of various kinds, are so exceedingly common

that there is no need to give further ex-
 amples. Suffice it to say that there is no
 form of paralysis that is not simulated by
 hysteria, from the loss of power in a single
 finger or joint to the total paralysis of one
 side, or of both legs, or of the entire body.
 The pain may be in any part of the spine, but
 is generally about the "small" of the back.

Varieties of
 paralysis.

In hysterical paralysis the muscles, as a
 rule, do not waste much, and no bed-sores
 ever form. If the helpless limb is bent it
 often remains so; which would not be the
 case in true paralysis.

This paralysis may also affect any or all
 of the special senses. It may cause such
 total loss of taste for years that the most
 nauseous substance can be eaten without
 disgust. It may cause total loss of smell,
 so that neither garlic, coal gas, asafoetida,
 nor otto of roses can be smelt. It may
 cause squint of one or both eyes, or colour
 blindness, or any sort of imperfect sight. It
 may cause deafness in every degree. It may
 cause loss of feeling or touch anywhere, and
 the part may be pricked or cut without
 being felt.

Paralysis
 of the
 special
 senses.

Tumours.—Tumours of all sorts are

Hysterical
tumours.

simulated with a fidelity that is absolutely startling, and skilled doctors are constantly being deceived. They may occur in any part of the body, but are most common in the breast and abdomen. In the breast severe pain is complained of, and a hard mass may be felt, which, however, disappears if the hand be laid flat upon the part. Not so, however, with those in the abdomen. Hysterical patients with perverted nerve centres have an unconscious power of either contracting part of a single abdominal muscle so rigidly that it forms a hard, round, solid swelling, plainly perceptible; or they can spasmodically contract the digestive canal at two points so as to imprison between them a largely distended portion, which, being filled with flatus and partly movable and easily felt in the abdominal cavity, is exactly like an abdominal tumour. If the person be thin and the tumour be pressed down or resting on the abdominal aorta, the pulsations from the blood-vessel are so perfectly communicated to the false tumour that it is believed to be an aneurism. I was told by one of our best-known physicians that fifty cases had been sent in to his hospital of this

Fifty
cases of
hysterical
tumours.

form of pulsating tumour as abdominal aneurisms ; all of them, previous to admission, having been examined and certified to be such by medical men ; and yet, on further examination, every one of them turned out to be of hysterical, and not local, origin. The only way in which they can, in many cases, be found out is by anæsthetising the patient, when the tumour generally disappears, but, of course, returns immediately the patient regains consciousness. I remember in hospital practice one special case of this sort under my care of a woman whose whole abdomen was greatly distended by a supposed tumour of enormous size. Under chloroform it at once disappeared, but on regaining consciousness there it was as large as ever. The woman was not, therefore, "cured," and it was no comfort to her to know that when she was unconscious the swelling was not there ; all she wished was to be relieved of it. I therefore put her under chloroform again, and while unconscious tightly bound her round with plaster-of-Paris bandages, that I allowed to set as hard as stone before she regained consciousness. This time, of course, she could not

Cure of a case.

expand, and the "tumour" was gone. She was delighted we had "removed" it; and after keeping the bandage on for three weeks to accustom her to the idea she was well, and so stop the morbid process in her unconscious mind that had produced it, it was taken off, and the woman left, most thankful to be relieved of her distressing complaint.

Spasm of
the gullet.

Special affections.—A young lady tottered into the out-patient department of one of our large London hospitals not long since, followed by her mother in an agony of mind, having an open tin of "Brand's" in one hand and a spoon in the other. She had brought this because her daughter was dying from a contraction of the gullet, and she wished to show us that not even a little jelly could be swallowed. The girl was reduced to a skeleton, and would certainly have died from neuromimesis if not relieved; for there can be no doubt that people die solely from hysterical affections, though some may question it. After using appropriate means to affect the mind indirectly, in about half an hour the patient was sitting in one of the wards eating a large plateful of boiled mutton, potatoes, and turnips, with "hospital pudding"

to follow. It is cases like these, seen by men wholly ignorant of the powers, and perhaps of the existence, of the unconscious mind, that are necessarily considered fraudulent and the patients "malingerers."

A matron of an important institution had to resign her post and a large salary through total loss of voice. Examination showed that this was hysterical, for when she coughed she phonated, and the vocal cords were perfect in action. Appropriate means in a fortnight completely restored the lost voice. Hysterical
aphonia.

Hysterical vomiting is very common, and often persists for months ; the patient, however, does not lose as much weight as would be expected. The appetite may be greatly perverted ; it may be enormous, or entirely absent, or depraved—all sorts of things being swallowed. Symptoms of obscure diseases, such as hardenings or softenings of the spinal cord, that could not be known consciously to the patient, and consisting of tremors, rigidity, spasms, etc., in special parts of the body, are produced by hysteria, and may persist for months ; and only slight inconsistencies reveal that they are hysterical after all. But I must not dwell further on these Other
diseases.

cases, only repeating that, on thinking over even these few instances, it will be felt how readily the idea of deception comes to the mind. It is only when the real ætiology of the disease is grasped that such an idea is seen to be inadmissible.

Symptoms
often
appear
fraudulent.

Indeed, without a knowledge of the cause of the disease, the appearances are often so consistent with fraud that one cannot so much blame the doctor who suspects this as the medical training which has allowed him to fall into the error. We must also remember that malingerers abound, drawn frequently from the ranks of nerve patients, who produce artificial wounds and sores, and feign illnesses. Of course, this is common amongst soldiers and sailors, but is not uncommon in educated people; and, to make matters worse, some cases are partly fraudulent and partly hysterical, and the distinction is not always easy. I have, however, throughout been speaking of real cases only, and that is why I have written so strongly of their treatment as unreal from an ignorance of the ætiology.

It will be observed here, and will be noticed again further on, that the unfortunate word

“hysteria,” which we confessedly use to include “neuromimesis,” actually covers a good deal more than the mimicry of disease. In many of the instances given here we find the mind producing not so much mimicries of disease and death as actual lesions and death itself. That is to say, the power of the mind over the body goes far beyond the mere production of mimicries, however perfect these may be in their way. In these we admit there is no real local lesion, but only the unconscious simulation of it. But when we find examples of inflamed fingers with evacuation of pus—of bruises and ecchymoses, actual death, hæmatemesis, and gangrene—we feel the word “neuromimesis” has become well-nigh as elastic as “hysteria” itself. And yet it would hardly do to put these into a separate class. They are but extreme and somewhat rare examples of the power of the mind over the body; and the generic term “hysteria” must at present cover them all.

Neuromimesis is more than mimicry.

Perhaps it might be well now to summarise the symptoms of hysteria in one list,* as I have done in the case of neurasthenia.

Symptoms of hysteria

* Some of these, that are symptoms of *emotional* hysteria, have been given on p. 65.

Hysteria (using the term broadly) is characterised by anæsthesias in all parts of the body, in regions, patches, sides, and limbs—by visual anæsthesias resulting in narrowed fields of vision—by fits or paroxysms with or without incomplete loss of consciousness and accompanied by clonic and occasionally tonic spasms, tremors, convulsive movements, and large contortions, sometimes of extreme violence, with or without cries, foaming at the mouth, clenching of hands and other emotional signs—by dysæsthesias or pains in any joint in the body, often in several; in painful zones or patches in the head, the back, the heart, the abdomen, the coccyx, the breast, the mucous membrane, the organs of special sense, the limbs, and the organs of generation—by paresis and paralysis of every or any part of the body capable normally of voluntary motion—by contractions and wasting of limbs or parts of limbs—by tremors, continual and intermittent—by mental states, ecstatic, vague, demoniac, talkative, taciturn, etc.—by dermatoses—by urticaria, hyperæmias of skin and other eruptions—by hæmorrhages from organs and under the skin in all parts of the body—

or neuro-
mimesis.

by stigmata—by muscular atrophies (detected in lower limbs by absence of Babinski's sign, extension of big toe on tickling sole of foot)—by pyrexias of all sorts—by paraplegia—by hemiplegia—by tetany—by incoördination of muscular movements—by swellings and tumours (perfectly simulated) of all sorts, largely abdominal, fluctuating, solid or pulsating according to the variety, and of all sizes—by abnormal gaits of all kinds—by mutism—by stammering—by aphonia, aphasia, amnesia—by coughs—by dyspnœa—by dyspepsias—by gastric spasms and gastralgia—by flatulence—by hæmatemesis—by anorexia—by vomiting, ordinary and fæcal—by borborygmi—by swollen joints—by dysuria, polyuria, anuria, incontinence, retention—by floating kidneys, also by more or less elaborate simulation of various diseases, such as hip disease, asthma, Pott's disease, etc.

I have now given a general picture of neurasthenia and of hysteria, more especially of that phase which we call neuro-mimesis ; and I may pass on now to consider the general principles of mental therapeutics, and particularly their application to the cure of functional nerve diseases,



On Mental Therapeutics

CHAPTER III

ON MENTAL THERAPEUTICS

IN speaking in this chapter specially of mental therapeutics, it must not for a moment be imagined that these are the sole means of cure at our disposal in functional nerve disease. We will discuss later other means by which these sufferers can be restored to health.

Mental therapeutics cannot, however, be omitted in any treatment of nerve disease, and a knowledge of their great value is essential to every physician who would excel in the cure of these disorders.

Mental therapeutics, though universally used, more or less, are seldom spoken of or studied scientifically by the profession; and are not in much favour even amongst the

Mental
thera-
peutics
cannot be
omitted.

Seldom
studied
scientific-
ally.

very men who (often unconsciously) largely use them.

It is, no doubt, the connection of mental therapeutics directly with faith-healing, mental science-healing in all its many varieties, and hypnotism, and indirectly with liquid electricities, billionth dilutions, and quack remedies of all sorts, that has so far deterred the profession from examining its wonderful powers very closely.

The reason
why.

For there can be no doubt that the force of mind in medicine, not being a regular subject of scientific study in medical schools in this country, has often been used by clever and unscrupulous men for their own advantage rather than that of their patients; and the disgust rightly felt by honest men at such practices is, no doubt, a strong reason why the subject is neglected.

I feel quite sure, however, that all such reasons will fall to the ground when the fact of the unconscious mind is admitted, clearly and definitely, by scientific men; and once its powers become generally recognised they will at last, after long neglect, be made the subject of serious study.

Still the prejudice exists, to the great loss

of the profession, though I have no doubt it is gradually disappearing.*

There are two mighty powers for good in every physician worthy of his name—what he *knows* and what he *is*; but, alas! as a rule he only values the former, and places all his reliance on the hieroglyphics in his prescriptions. But there is a consciousness, in every actual or potential patient who may scan these lines, that there is a something about his doctor that does him more good than the medicines, which indeed he does not always take. And the doctor he likes is the one he sends for, in spite of the fact that the other doctor in the town has a greater scientific reputation and a longer string of letters after his name.

One of the last words of Henry Gawen Sutton, my teacher of pathology at the London Hospital, was: “Don’t underrate the influence of your own personality. Learn to give confidence to your patients.” A presence is of course felt in proportion to its power. “O Iole, how did you know

* On this head see “The Force of Mind, or the Mental Factor in Medicine” (2nd Edit.), by the author. J. & A. Churchill.

Hercules was a god ? ” “ Because I was content the moment my eyes fell on him—he conquered whether he stood, or walked, or sat.”

for good
or evil.

To constrain a feeble brain to be governed by a good and strong one is not a superhuman labour for one who goes about it adroitly. *The moment the eye of the patient meets the eye of the physician, psychological action, influencing the course of the disease, at once takes place through the medium of the patient's unconscious mind.* The depression caused by a doctor's bad manners or gloomy looks may be combated actively by the patient's reason, but will yet have a bad effect, *malgré lui*, on his body through the unconscious mind, or “instinct.” Just as with our material science and physical skill we seek by drugs and other agents to influence the body for good, so invariably (and, as I have said, most often unconsciously) does the physician's mind influence that of the patient. The “gift of healing” that some men seem to possess to a marvellous extent, so that few sick can leave their presence without feeling better, is a purely unconscious psychic quality, at any rate in its origin ; though, like other gifts, it can of course be perfected by use.

Manner is much in medicine, and the personal presence is a power in practice, and both are worthy of a serious consideration they seldom get. Manner in medicine.

Continually the consulting physician is brought face to face with cures, aye and diseases too, the cause of which he cannot account for. And is he not often surprised to find that a continuation of the same treatment originated by the local practitioner is, when continued by his august self, efficacious? And is not the local practitioner not only surprised but disgusted as well to find such is the case?

And this is often what happens in functional diseases, where the patient is unusually responsive to mental influences.

Indeed, it is the mind and not the drug that is, as a rule, the potent factor for cure in nerve diseases.

A malady induced by mental causes can only be cured by mental remedies. A full recognition of the value rightly attaching to the mental treatment of physical ailments will improve the usefulness of the physician and materially assist in the recovery of his patients. In disease, functional or organic, Value of faith and hope.

the therapeutic value of faith and hope, *though not in our text-books*, is often enough to turn the scale in favour of recovery.

For, although drugs are still administered, but few medical men now believe that they are the entire cause of the cure; for very gradually it is beginning to dawn upon us that most nervous diseases at any rate are easily and naturally treated by mental therapeutics, and that the still persistent efforts to cure them by the stomach are neither reliable nor rational.

Great
power of
uncon-
scious
mind.

It ill becomes, therefore, the medical man who recognises in these cases that it is the mind which cures to decry any form of mental treatment, if carried out with honesty for the patient's good, however little its process may be understood by him in detail. We have seen that the powers of the unconscious mind over the body are well-nigh immeasurable; and believing, as we now do, that our old division into functional and organic diseases is merely the expression of our ignorance, and that all diseases, even hysterical, probably involve organic disturbance somewhere, we are prepared to believe that faith and other unorthodox cures, putting into opera-

tion such a powerful agent as the unconscious mind, or, if you prefer the formula, "the forces of nature," *are not necessarily limited to so-called functional diseases at all.*

There is no doubt all this will soon be fully recognised, and the importance of utilising the power of psychotherapy will be everywhere admitted. The result will be that attention will no longer be exclusively concentrated upon physical phenomena or bodily symptoms, but the man *as a whole* will be more studied—body, soul, and spirit; and in curing any one part the powers of all three will be used in aid.

"A day will come," says De Fleury,* "when there shall arise an upright and intelligent physician, strong enough to defy ridicule, and authorised by a noble life and the merit of his labours to lay claim to the superior dignity of a moralist. If he knows the human heart well he can draw the sick of soul to him." "The sound medical moralist might be able to double the amount of voluntary energy and moral soul strength in us all."

De Fleury's
prophecy.

* De Fleury, "Medicine and Mind," Prize Essay of the French Academy, p. 224.

The
physician's
vestibule.

Dr. A. Morrison, President of the Æsculapian Society, says*: "We often do less than half our duty in not exploring the mental life of the patient. . . . A good deal has been written on prolonged vascular tension due to physical causes. Is there no such state as prolonged mental tension due to moral causes? . . . In such cases, if the physician is to be of any service to his patient, it must be by the agency of mind on mind; and this takes us out of the vestibule littered with microscopes, crucibles, and retorts into that inner chamber—the holy of holies in the life of a physician and his patients—where heart and mind are laid bare to the sympathetic gaze of a fellow-man, whose discretion may be relied on, and who may from his training in the knowledge of the human soul as well as the human body be able to cure his brother of a most disturbing factor in his life beyond the reach of the advanced therapeutics of a purely physical kind."

The inner
chamber of
mental
thera-
peutics.

Before leaving this subject we may look at some mental qualities that are recognised as curative agents.

* Dr. A. Morrison, *The Practitioner*, 1892, p. 27.

Sir John Forbes gives as psychic powers of cure: augmented hope—faith—cheerfulness—mental activity—decreased anxiety—mental work—new motives for mental action—new motives for physical life—soothing moral and religious principles. Mental curative qualities.

“Imagination,” says Sir J. C. Browne,* “is one of the most effectual of psychical agencies by which we may modify the conditions of health and disease.” A disciplined imagination is one of the most valued tools of a physician.

A strong will is a good therapeutic agent. Mental therapeutics may be directed to calming the mind in excitement, arousing feelings of joy, faith, hope, and love, by suggesting motives for exertion, by inducing regular mental work, especially composition, by giving the most favourable prognosis possible, by diverting the thoughts from the malady.

Sympathy, religion, common sense, patience, indifference, neglect, altruism, philanthropy, ambition, are all at times good mental medicines.

The doctor himself, his illegible prescrip-

* See Sir J. C. Browne, Leeds Address, 1889.

The doctor himself as a medicine. tion, his room, and even his fee (if impressive), are all valuable therapeutic agents, and affect the mind unconsciously, besides their conscious effects on the stomach and pocket.

Sympathy is indeed a powerful drug in the hands of a skilful administrator; for, after all, patients think much more of the doctor than his prescriptions; while he—poor man—as we have already said, generally thinks his pharmacy all and himself nothing.

Success largely depends upon our striking the keynote of the characters we have to deal with. "In nerve disease," says Coleridge, "he is the best physician who knows best how to inspire hope."

Value of
the family
physician.

A wise doctor pays many visits that are not confined to strictly professional topics; for in them the doctor learns much, as the unconscious mind displays itself before him. Indeed, it is not too much to say that until the doctor has seen his patients at their ease in their own surroundings he never really fully knows them. The stiff ten minutes in the consulting-room does not reveal much of the complex causes of a difficult case of functional nerve disease.

It is thus that a family physician in the

first instance has the greatest opportunities of mental treatment. His blue pill may be useful, but his opportunities of social intercourse, his tact in encountering false notions and instilling healthy ideas, are the most powerful remedial agents he possesses.

There are at least four ways by which mental therapeutics can be applied to disease.

Four varieties of mental therapeutics.

1. By the direct active power of the unconscious mind inherent in itself, and generally called the *vis medicatrix naturæ*.

2. By the unconscious mind influenced directly by surrounding personalities or other unconscious agencies acting as suggestions.

3. By the unconscious mind influenced indirectly by the conscious, which has faith in persons, systems, places, etc.

4. By the unconscious mind indirectly acted on by the conscious by distinct effort—in determination to get well—to shake off illness, ignore pain, etc.

I must not enter on these varieties in detail now, as I shall have to recur to them again ; but I may point out that, broadly speaking, mental therapeutics are divided into natural and artificial ; the former consisting of the healing power residing in the body itself and

The
medicatrix
naturæ.

known as the *vis medicatrix naturæ*, and the latter of the various means used by the physician consciously or unconsciously, that reach the disease through the mind of the patient.

With regard to natural mental therapeutics, the first point perhaps to consider, and one of great interest, is what is really meant by the well-known expression *vis medicatrix naturæ*.

Is it a
force?

It has of course been hotly disputed whether such a force exists at all. Then, if this be admitted, it has been strongly argued that it is not a true force; while, on the other hand, by a very large majority it has been decided that it *is*, and one moreover of almost inestimable value in cure. It appears to me that this *vis* consists of the natural power resident in the unconscious mind to preserve the body against its enemies of all sorts; and, if these should have gained an entrance in the shape of disease or accident, to combat them vigorously; largely by what we call "symptoms of disease," and also by other processes. These "natural powers," however, form, after all, only a part of the mental factor in therapeutic

medicine. Further powers can be aroused and brought into action by mental therapy, in stimulating the patient's own mind to greater efforts in various ways which we shall consider. So that the *vis medicatrix naturæ* and the energy aroused by mental therapeutics represent together the powers of the unconscious mind in its beneficial rule over the body. We will adduce further reasons for this view as we proceed.

Dr. Mitchell Bruce writes respecting this agent*: "We are compelled to acknowledge a power of natural recovery inherent in the body—a similar statement has been made by writers on the principles of medicine in all ages. . . . The body *does* possess a means and mechanism for modifying or neutralising influences which it cannot directly overcome."

Views
of Dr.
Mitchell
Bruce.

"I believe," he continues,† "that a natural power of prevention and repair of disorder and disease has as real and as active an existence within us as have the ordinary functions of the organs themselves."

The most, then, a doctor can do is to assist the body in making use of this great power,

The *vis* is
the action
of the un-
conscious
mind.

* Dr. Mitchell Bruce, *Practitioner*, xxxiv., p. 241.

† *Ibid.*, p. 248.

which, we may once more repeat, is really nothing more than the action of the unconscious mind. The *vis* is a fine illustration of the power of the mental factor in pathology if not literally in medicine. So great indeed is this natural power that not the most skilled combination of drugs is of any avail without its aid, while the most haphazard remedies of the purest empiricism can accomplish marvels if backed by this ever-present force. But for this marvellous power, a morbid disturbance once set up would inevitably continue to the point of annihilation; for treatment addressed to the living body is *absolutely meaningless* except as an appeal to such powers of resistance as a patient possesses. When these powers of the unconscious mind fail, as in the closing scenes of any fatal illness, it is idle to expect anything from treatment, as of course we all know death really is the result of the failure of the *vis medicatrix naturæ*.

Mental
thera-
peutics act
in all
diseases.

Mental therapeutics are not efficacious in nervous diseases only. We have shown elsewhere * how widely spread is their value; so

* See "The Force of Mind" (2nd Edition). J. & A. Churchill.

that there is, as a matter of fact, hardly a disease where it is not felt.

We may give just one or two instances here of the power of the mind on the body in other than nervous diseases.

Sir Humphry Davy, wishing to experi- Examples
ment with some new preparation on a paralysed patient, put first a thermometer under his tongue. The man, believing this was the new remedy, soon felt so much better that Sir Humphry told him to come the next day ; and in a few days, with the thermometer applied for some minutes each day, he was well.

Dr. Ranieri Gerbe, of Pisa, cured 401
out of 629 cases of toothache by making the sufferers crush a small insect between their fingers, which he represented was an unfailing specific.

A surgeon took into a hospital ward some time ago a little boy who had kept his bed for five years, having hurt his spine in a fall. He had been all the time totally paralysed in his legs, and could not feel when they were touched or pinched ; nor could he move them in the least degree. After careful examination the surgeon explained minutely to the

boy the awful nature of the electric battery, and told him to prepare for its application next day. At the same time he showed him a sixpence, and, sympathising with his state, told him that the sixpence should be his if, notwithstanding, he should have improved enough the next day to walk leaning on and pushing a chair, which would also save the need of the battery. In two weeks the boy was running races in the park, and his cure was reported in the *Lancet*.

There are several recorded cases of dropsy entirely disappearing through fear.

Anæsthesia
without
anæsthe-
tics.

A young lady who had taken ether three and a half years before, on the inhaler being held three inches away from the face, and retaining a faint odour of ether, went right off, and became unconscious without any ether being used or the inhaler touching her body.

Dr. W. B., in 1862, having to remove some small tumours from the head of a lady, prepared to put her under chloroform, and sent for the bottle, meanwhile holding the piece of flannel before her face. He saw, to his surprise, she was going off; and she was soon unconscious, before the chloroform

arrived. The doctor removed a tumour, and the dry flannel being taken away the patient showed signs of returning consciousness ; on its being replaced she again went off, and the operation was completed. After some time she awoke, having been completely unconscious all the time.

Dr. Dureaud reports a certain unjustifiable experiment on a hundred hospital patients, to whom sugar-and-water was given ; and it was afterwards pretended that it was an emetic administered in mistake. No less than eighty out of the hundred became sick. Sickness and death from mind action.

A gentleman, led to believe (by a lie) that he had slept in a bed where a man had died of cholera, developed through fear symptoms of the disease, and died.

Perhaps these cases will be sufficient to indicate to the reader something of the power the mind can exercise over the body, and to help him to understand the great part it must play in the cure of diseases of functional nervous origin, which are so closely connected with it.



**Self-Treatment, Unconscious and
Conscious**

CHAPTER IV

SELF-TREATMENT, UNCONSCIOUS AND CONSCIOUS

WE have already described something ^{The picture.} of the routine medical treatment of nervous patients that until recently was as common as it was mistaken and injurious, and we do not think the picture has been overdrawn.

There can be no doubt that functional nerve diseases have not been handled in an intelligent and scientific way.

A reason for this at once suggests itself ^{Description of a clinique.} when one attends the medical schools and cliniques at hospitals, and hears diseases discussed. The way in which the medical history of the case is taken, the subjective and objective symptoms noted, the predisposing and exciting causes discussed, and the ætiology settled ; the wonderful care in

putting all together, giving each symptom its due weight, and the diagnosis which is at length arrived at, fill one with admiration and awe at the science and exactitude of medical research.

Treatment
lightly dis-
missed.

But when we proceed to the treatment of the case we experience a shock ; for the treatment is the subject of no such grave consideration, but is probably dismissed in a sentence, and occasionally we do not get even this, the matter being left altogether to the discretion of the house-physician.

The interest in surgery no doubt centres round the operation, in medicine round the diagnosis of the disease.

Success in
treatment
largely due
to the *vis*
medicatrix
naturæ.

It may be asked, How is it possible that successful treatment in ordinary diseases can be a secondary matter ; carried on often on contradictory lines, and sometimes being merely expectant—placebos, in this case, in the shape of inoperative medicines, stilling the cravings of the hospital patient's mind and stomach ? The answer is remarkable. It is, that it is more and more recognised (as notably in a recent remarkable address by Sir Frederick Treves at Liverpool) by the physicians standing around the bed, that they

are in the presence of another and greater doctor—Dr. *V. M. N.*: a doctor trained in no human schools, but divinely gifted to heal all varieties of disease, and to repair every species of injury—the *vis medicatrix naturæ*—in other words, the “Unconscious Mind.”

“Every thoughtful practitioner,” says Dr. Wilkinson,* “will acknowledge that, when his therapeutic reserves are exhausted, by far the most reliable consultant is the *vis medicatrix naturæ*. To ignore the fact that she has already been in charge of the case for days, when we first approach with our mixtures and tabloids, is at least a mistake in medical ethics.”

Dr. Wil-
kinson on
the *vis*
medicatrix
naturæ.

This comparative negligence, therefore, in the treatment of ordinary diseases works well, because of the force always in operation for good behind the doctor; who now knows that the fever, the cough, the sweat, the loss of appetite, are one and all curative symptoms devised by the patient's unconscious mind for his good. Much good (and sometimes harm) is undoubtedly done by drugs, and by other forms of treatment; but every

Medical
treatment
of minor
importance
in many
cases.

* Dr. Wilkinson, *The Lancet*, 1897, ii. 1518.

really wise physician knows that no cure is ultimately due to the means he uses, though he doubtless generally gets the credit. This is not always the case, however, in the more benighted country districts, where sometimes the greatest compliment paid by the patient to the doctor is when he says with a grateful air that his medicine has not "done him (the patient) any harm!"

Cure is much more difficult in many nerve diseases.

But the difference is great when we come to treat functional nerve diseases. Not unfrequently the practice, after the diagnosis is established, is to dismiss the treatment still more curtly, and often with hardly-concealed contempt. But look at the disastrous results. In most ordinary diseases the *vis medicatrix naturæ* is in full vigour behind the doctor; and even if his treatment be of a very passive order, the cure actively goes on under the guidance of the unconscious mind.

Because the *vis medicatrix naturæ* itself is inactive.

In nervous diseases it is not so, for the simple reason that, the nervous system being exhausted or diseased, the *vis* itself—the unconscious mind—is weakened or hindered, or even arrested in its action; for the patient is weakened and diseased in

the centres of his being, in the innermost machinery of his life, and thus so frequently remains uncured.

The truth is that nervous diseases require far more careful, well-devised, and elaborately-carried-out treatment than any other ailment, because here Dr. *V. M. N.* himself is ill, and cannot co-operate, as in other diseases, with the physician.

It would appear that in neuromimesis the very unconscious power of cure that we call the *vis* works in a morbid manner, and causes disease instead of curing it, and is itself the origin of the ailment ; instead of being a *vis medicatrix naturæ* it is a *vis morbus naturæ*. Hence the treatment, to be successful, has often to be lengthy, elaborate, and expensive, and people wonder that nerve diseases are so hard to cure, having no idea that it is for want of the efficient help of Nature's doctor.

What a wise physician does in these cases is to get the *vis medicatrix naturæ* as soon as possible into working order, so that it may co-operate in the further treatment of the disease.

First step is to restore the *vis* to activity.

But this requires a knowledge of mental

therapeutics, for to minister to a mind diseased, conscious or unconscious, mental remedies must be used, and these are by no means in favour in the profession, nor are they very skilled in their use.

Quacks thrive on functional nerve diseases.

Quacks live and thrive on the misuse of them, and hundreds of patients who might well be cured by physicians are driven to them, because the former have never seriously studied the special therapeutics of functional nerve diseases.

Why quacks still flourish.

Lately in the *British Medical Journal* a writer has been denouncing quacks, and pointing out many of their questionable practices. But the writer does not say why they still flourish ; nor why, in this educated period, they are as numerous, or more so, as in the dark ages, and can still undoubtedly produce large numbers of genuine cures. If the common sense of the public has not yet enabled this enlightened body to sufficiently distinguish between the value of the regular orthodox practitioner and the opposing army of quacks, special "pathists" and faddists of all sorts, whether counts or commoners, it is to be feared that there is rather a poor prospect of their ever doing

so as long as matters are as they are. The public, curiously enough, set a far higher value on a "cure" than the trained professional man. With him, as we have said, interest centres in the diagnosis of the disease, and it is to this point that the most careful teaching and training are directed. We do not say that to most it is the "end"; but it is certainly a very prominent "means" indeed to it, and necessarily so.

The public, and with them the quacks, care little about the diagnosis, for which they have neither learning nor interest; what they do look for is the cure, which, alas! is often effected without any diagnosis at all, though not without grave risk to the patient for want of it. As long, therefore, as quacks cure diseases, so long will the public employ them; and no amount of Carlylean quotations as to the number of fools in the world, or contemptuous classification of the cured diseases as imaginative, will alter their attitude.

The subject of mental therapeutics is still ignored in medical works generally. In our physiologies no reference is now made to the central controlling power that rules the

The public
care most
for cures.

Mental
thera-
peutics
ignored.

body for its good, and the power of the mind over the body is seldom spoken of.

Systems of medicine, however large and modern, display the same character as the physiologies. A rather old book, Pereira's "Materia Medica," devotes three pages out of 2,360 to "psychic therapeutics." Dr. Shoemaker, of Philadelphia, in his "System of Medicine," spares one page out of about 1,200 ; but most of the others, including far larger works, devote none.

Every possible, and even impossible, aid to therapeutics is gravely discussed at length ; including the values of obscure organic extracts ; of special artificial forms of exercise under innumerable names ; of every variety of light, heat, and Röntgen ray ; of German synthetic compounds with barbarous polysyllabic titles ; of patent foods, and of systems innumerable ; while not one line is devoted to the value of the mental factor in general therapeutics.

Good treatment is mostly empirical.

No doubt many physicians treat nervous diseases of functional origin wisely and well, but what we contend for is that the knowledge they display was taught at no school, was learned from no book, but is intuitive

and empirical ; they owe nothing in this to their costly training, but everything to themselves. This is not as it should be. The power of mental therapeutics and the general treatment of functional nerve diseases should be the subject of careful, special, and scientific teaching in every medical school ; and if I may judge by the many encouraging letters that reach me from various sources, will become so in many hospitals before long. Scientific teaching is increasing.

We might pursue the subject of maltreatment or want of treatment further in detail, and describe the disastrous results of neglected cases ; but the task is an invidious one, for it is far better to consider one's own faults than to dwell on the mistakes of others.

We will therefore turn now to the question of the cure of these diseases, confining ourselves in this chapter to considering what patients can do for themselves, either entirely apart from the doctor, or with his aid and supervision. Cure of disease by the patient.

There can be no doubt that few patients are aware how much they can do for themselves when suffering from incipient functional nervous disease. Before it ever gets to a A patient can do much in an early stage.

medical stage, when professional help must be called in, they can arrest it and regain their health by their own treatment in many cases.

When a man or a woman first finds out that his nerves are not in good condition, instead of indulging in fancies and imagining he may be losing his reason, or that he is "only pretending," he should seek out the two causes that brought him to his present state—the predisposing and the exciting causes. It is generally the case that the former is difficult or impossible to alter, the latter easy.

Remove
causes as
far as pos-
sible.

Predisposing causes are mainly questions of heredity, which obviously cannot be cured, but must be endured. Or perhaps they may be the general surroundings or mode of life, or some sort of past shock or trouble.

The *exciting* cause, on the contrary, is generally some present incident or pressure or trouble or condition that can more easily be altered, avoided, or removed. There may be contributing causes of a physical nature—there very frequently are. The diet may be wrong, the sleep may be insufficient, the climate may be at fault, the work or occupation too severe. In all these cases

the first step, obviously, is to remove any possible cause that may have produced or contributed to the illness.

A change of diet, of life, of surroundings, of climate, of work, of companions, or of habits may be necessary ; and these, at any rate, are within the patient's power to make, though it frequently happens that the trouble and responsibility involved make him far happier if he first saddles a doctor with the responsibility of his deeds, by acting on "medical advice."

Patient can change the environment.

Many and many a man 'comes to a doctor, not because he does not know what causes his illness and how to remove it, but because he lacks the courage to take the necessary steps, and only when strengthened by the doctor's fiat has the resolution to act.

One reason for consulting a doctor.

We need not enter into particulars of such actions, which necessarily vary with each individual case : suffice it to say that the patient can do much to cure himself in the early stages of "nerves" by taking common-sense measures to remove the causes of his disease, without taking any drugs whatever. One of the first points to note, when the nervous system is on the verge of

No loss of
self-
control.

becoming unbalanced, is to retain by every possible means one's self-control. For this reason tears are often dangerous then, and should be restrained, except in some extreme cases where they afford necessary relief. If a state of nerves or nervousness comes on, anything and everything should be done to avoid a breakdown, which always paves the way and makes it easier for a second—just as a horse which has run away once wants to run away again.

To this end a brisk walk in the open air is beneficial; or, if this be not possible or prudent, a very good plan is to undress completely on the spot, take a warm bath, followed with brisk rubbing, and then dress again, preferably in fresh things.

Patient can
often treat
the disease.

But the patient can do more. He can definitely attack the nerve symptoms, and this in two ways: either by counter-irritants, thus distracting attention from them by concentrating it elsewhere; or he can directly face them and overcome them by exerting the force of mind over the body—by will, by the formation of habits, and in other ways.

The power of the mind over the body

has limits, but they have never yet been ascertained. What a patient can do to cure himself, the forces he can set in action, are as yet unknown. We are inclined to believe they are far greater than most imagine, and will undoubtedly be used more and more. A strong will is a good therapeutic agent. Mental therapeutics may be directed by the patient himself to calming the mind in excitement, arousing feelings of joy, hope, faith, and love ; by suggesting motives for exertion, by ordinary regular mental work, especially composition ; by giving oneself the most favourable life suited to cure the disease, by diverting the thoughts from the malady.

By exerting
mental
powers.

Especially
in nerve
diseases.

We may give two illustrations of the self-cure of patients effected by their own minds, mainly, if not entirely.

In 1837, Pastor Chiniquy, then a Roman Catholic priest, got severe typhoid fever in Canada, and four physicians told his bishop there was no hope of his recovery. On the thirteenth day they said he had only a few minutes to live, and his pulse could not be felt. He then in a vision saw his favourite saint, St. Anne, to whom he cried for cure

Pastor
Chiniquy
and
typhoid
fever.

with every power of his soul, and he heard her say "You will be cured." He recovered, and Quebec rang with the miracle.

He was examined by two Catholic and two Protestant doctors. Dr. Douglas, a Protestant, showed Chiniquy his recovery was due to his being a man of remarkably strong will, and determination to resist death: that the will had a real power over the body, and his strong will had conquered. Chiniquy listened, but preferred his saint, and had a votive picture painted of her for £50. A priest who saw it then told Chiniquy the cure was no miracle, and that most of the crutches hanging round the church were left by impostors, and the rest by those cured by the power of the mind over the body.

Chiniquy's
second
cure.

Till 1858 that picture, representing the saint telling Chiniquy he would be cured, was in the church. In that year he again got typhoid fever in Chicago, and once more was given up as dying. But this time he did not cry to the saint, but made a determination to get better, and soon felt life returning. He then saw the saints had no part in his previous cure, and took his picture down and burnt it.

The above, even if not accurate in all details, contains a good illustration of the power a patient has over his disease. I will give one more, from personal experience.

I had some time ago a favourite nurse, who ^{Cure of typhoid in a nurse.} always had a superstition she would die of typhoid fever. She contracted it at length when nursing a bad case of mine, and lay in a county hospital apparently dying, in the third week of the disease, in a low typhoid condition, and with every appearance of collapse, but with the mind clear.

I went in to see her for the first time, and found her much depressed.

She told me she was about to die.

"Certainly," I said.

She looked up and replied, "Yes, but I mean it; I always said I should."

"Then of course you will," I retorted.

She stared, and said, "Don't you mind?"

I said, "What is the use of minding? You are going to die if you say so."

"My saying so doesn't make me die," she answered.

"Perhaps it does," I replied, "for if you said you wouldn't die, you would probably live."

The will
thrown into
the scale.

I saw, as far as I could judge, she had reached that point when the throwing of the will into either balance would determine the issue.

"Do you mean that?" she said.

"Yes, I do," I replied, "and, what is more, unless you say so, I won't come and see you again. It is now 11.30, and if now, at this hour of the morning, you turn your mind the other way, and determine to live and not die, I'll do all I can to help you. You shall have another nurse, and I'll get the doctor to let you have a little champagne. But this resolve must come from you."

She looked me hard in the face, and, seeing I meant it, and believing me in her heart, she said in deepest earnestness, "I will," and from that hour she steadily gained strength, and soon got well.

I firmly believe that interview saved her life, and that from that moment the curative action of the *vis medicatrix naturæ*—the unconscious mind—was immensely strengthened and quickened by the force of the woman's conscious will.

Many
similar
cases.

To some this may seem strange, but to those who have studied the subject many

similar instances will come to mind ; for in one way or another such cases occur every day, though they most often pass unnoticed.

The cultivation of the will greatly increases its power. But the mere determination, however strong, to be freed from the nervous sufferings does not always drive them away ; we have a far greater power to effect this, and that is the power of auto-suggestion.

I do not say for a moment this is as efficacious as enlightened medical treatment, but it has these advantages : that it costs nothing, that it can be applied at home, and that it requires no drugs nor apparatus. This auto-suggestion differs entirely from hypnotism, in that there is no hypnotist, and the patient has not to go to sleep, but is in full possession of his faculties. What he has to do is carefully and systematically to saturate his brain by suggestion with what he wishes himself to be or to become. This can be done by speech, by thought, by sight, and by hearing. Here are four brain-paths, all of which tend to set the unconscious mind—the *vis*—to work at the process of cure.

Auto-suggestion.
Without hypnotism.

The point to see in this method of cure

is that after all the condition of the patient is often so nicely balanced that a little may turn the scale the right way.

Dominant
ideas
determine
conduct.

Liebeault, Vogt, and Bernheim point out in various ways that great results are frequently determined by emotion-ideas or "dominants" themselves insignificant. A man outside a baker's shop may be just balanced between stealing or not. Hunger prompts the one way, principle the other. Now, if an emotion-idea is presented to his mind of his starving family at home, he takes a loaf and becomes a thief. If, on the other hand, a vision of prison or the verse "Thou shalt not steal" rises forcibly in his brain, he walks away. In the same way in many nerve affections a comparatively slight self-suggestion will enable us to do what we otherwise could not, and so overcome some nervous dread.

Illustration
of auto-
suggestion

For instance, a person with some unreasonable fear that is poisoning his life may—besides removing any contributing cause, besides combating it with his will-power—actively employ auto-suggestion by bringing his reason to bear on it; and show its folly to himself by *saying* aloud at the most impressionable time, when just waking

or falling asleep, how unreasonable the fear is, by *thinking* similar thoughts, by *seeing* in print the folly of his fears described, and by *hearing* others say the same. This may not cure the trouble in all instances, but it will in slight cases be found effectual, and is at any rate innocuous.

Besides this, some definite domestic treatment may be added. As a prophylaxis against incipient neurasthenia we may mention for women a day's complete rest in bed ; and for men a week-end away from home, at a good inn in the country or at the seaside.

Domestic treatment.

For incipient nervous dreads or ideas, sometimes hard enforced work, that engrosses the mind as well as tires the body, is an admirable curative. Of course in these and many other methods disappointment may result, and time may be lost, and in all of them the counsel of a wise physician to direct in the details of auto-suggestion, etc., is a great help ; but in the absence of this we are sure that a great deal can thus be done by the patient himself without medical advice.

One great point is for the patient thoroughly to disabuse his mind of the idea that these nervous disorders are a sign that the mind

Nerve disorders seldom un-
hinge the mind.

is going. This is often the worst torture of all to bear ; indeed, so bad is it, that sometimes when it is removed all the other symptoms disappear as if by magic.

Let the sufferer, then, in the earlier stages of nerve trouble, seek to remove the cause, to combat the symptoms by his will, by suggestion, and by habits and occupations calculated to cure them.

If all fails, perhaps the next chapter will show what the physician may further do for him.

Medical Treatment of Functional Nerve Diseases

CHAPTER V

MEDICAL TREATMENT OF FUNCTIONAL NERVE DISEASES

IT may be best, in outlining the treatment of functional nerve diseases by the medical man, to first point out some conditions on which success depends in the general management of these cases, and then to follow with a few special remarks as to the treatment of neurasthenia and neuro-mimesis. Some conditions of success

Experience in medicine has mostly to be bought, and often dearly; and if the following points have any value to others in handling these difficult diseases, it is because they are the outcome of many painful lessons and failures in working amongst these cases for many years.

One may say here at the outset that, though in our modern textbooks neurasthenia in functional nerve diseases.

and hysteria are rightly treated under distinct heads, as we are now speaking of treatment generally, we will use the former term in a broad sense to embrace all functional nerve cases.

To make the hints given as clear and as useful as possible, it may be well to crystallise them around four centres. First, the physician; secondly, the patient; thirdly, methods of treatment; fourthly, various details. In other words—personality, diagnosis, treatment, and details.

The first point one would make in connection with the physician (in the teeth of much that has been written, and against the practice of some noted neuropaths) is that one of the chief conditions of success is *sympathy*, and one of the chief causes of failure is the want of it.

Sympathy
in the
physician.

I do not say it need be always, or even frequently, shown; but, believing as I do in the subconscious mind, and the quick unconscious relation of one mind to another when in harmony, I have no doubt whatever that real sympathy is always felt wherever it exists in the physician for the sufferer, though it be not shown; the

proof being that it gives a confidence in his skill, and a restful feeling of being understood—that is no mean factor in the cure of every disease, but especially so in those of which we now write. Concerning these, indeed, we are certain that any doctor who does not inspire his patients with this confidence will have more failures than cures.

To feel this sympathy one must believe in the reality of the sufferings of the patient, and dismiss absolutely the blight of suspected malingering. One must grasp the truth of the brilliant dictum of Sir James Paget, who declared that while the patient says she “cannot” and the nurse that she “will not,” the truth is that she “cannot will.”

Let us remember, what has been said already, that *a disease of the imagination* Pain is a mental fact. *is not an imaginary disease*, and that pain, in its last analysis, is a mental rather than a physical fact, for its reality does not in the least depend upon its resting on any definite physical basis.

To tell neurasthenics or hysterics that there is nothing the matter with them,

because no clear physical basis can be discovered for the symptoms complained of—unless done deliberately, in exceptional cases, for a definite purpose—is to confess oneself unfit to deal with functional nerve diseases.

As slowly, very slowly, the enormous powers of the subconscious mind over the body are beginning to be dimly perceived, such crude and false statements are becoming rarer; but they are still common enough amongst those whose opinions are founded solely upon physical diagnosis.

Patience
in the
physician.

The next qualification in the physician is *patience*, and this, I think, is different from mere endurance, and really depends upon the first quality—sympathy. It is only those who know the tortures undergone by functional nerve sufferers—the pariahs and outcasts amongst patients and doctors—and who feel for their sufferings, that can possibly put up with the trying nature of the sufferer and his multifarious and often apparently incurable troubles. As long as a doctor has any doubt as to the definite and real character of the disease, as long as the *bona fides* of the patient is a matter

of question, so long is it very difficult for him not to be defective in patience.

The lack of this virtue in doctors fills our holiday and health resorts abroad with patients sent there because the doctor could not stand the strain at home, and, recognising his resulting impotence, ordered travel as the best way out.

Allied to patience is *perseverance*. The despondency of the patient, the scepticism of relations, the continued and heavy expense to them, over which the physician has little control, and the want of any signs of improvement, it may be for weeks, render this virtue also most difficult to practise. And yet for want of it how many patients go unrelieved, how many incipient cures are nipped in the bud, and how many successful methods are prematurely abandoned as failures! If we have sound grounds for believing our treatment is rational, if we have seen successful results from it in previous cases, and, above all, if there is the least glimmer of improvement, let us persevere on and on. There is no space here to adduce cases in proof of this, but I have one in mind that, after defying every doctor

Perseverance in the physician.

and every variety of Weir-Mitchell and similar "cures," was at last successfully restored to health mainly by being persistently kept in bed for five months on end, by a doctor who would not be beaten.

Firmness
in the
physician.

Closely connected, again, with this is the question of *firmness*. Curious as it may seem, it is easy to be too firm, and still easier not to be firm enough. The path of success here undoubtedly lies in the golden mean between the two. Be inflexible as cast iron in things essential, flexible as steel in all matters non-essential; and never, as is so common, inflexible from mere doggedness, but always intelligently. This gives confidence, brings success, and avoids friction with patients and friends. No patient really "believes in" a doctor who absolutely lacks it; it is the quality above all others that inspires respect.

Tact in the
physician.

Perhaps this question really depends upon the next great virtue, without which neurasthenics cannot be successfully treated, and that is *tact*. (Tact is the unconscious mental touch, the *tactus eruditus*, by which one mind feels another;) and just as a physician's physical tactile sense is educated to discern

much by mere touch, so can mental tact help the nerve doctor immensely along his difficult path.

Take, for instance, the one question of whether to make light of any particular symptom or to treat it quite seriously. The answer does not in a neurasthenic in the least depend, as the doctor may naturally think, upon the amount of obvious physical basis upon which that symptom may rest, but on the effect on the patient's mind of your levity or gravity ; and to ascertain this effect beforehand is the highest outcome of tact.

For it must ever be recognised, and may here be categorically asserted, that amongst functional nerve diseases hysteria or neuro-mimesis at any rate is distinctly a disease of the subconscious mind, of unconscious suggestion ; and it is in this very fact of its unconscious nature that it differs from all forms of malingerer, which always imply conscious fraud. Whatever diseased physical conditions may therefore coexist require treatment, but the mental condition is undoubtedly the more important, and is the one which in every case requires the greatest judgment and tact. Most medical men, I

Should a symptom be ignored or not?

The nature of neuro-mimesis.

Difficulty
of treating
these
diseases.

believe, are inclined to glorify their own particular branch of the profession ; but one cannot but see that, in pursuing to its recesses and in curing diseases produced by such a mysterious agent as the unconscious mind, one has to employ power and means of a very different nature from the comparatively simple and straightforward processes of purely physical medicine and surgery.

Import-
ance of
honesty.

I may perhaps just say a word on the value of *honesty* with these patients ; for it is a word by no means limited to its ordinary sordid interpretation. I mean absolute honesty in considering and acting solely in the patient's interests, as distinguished, not from the doctor's, but from the parents, friends, and relatives, and others whose counsels and pleadings so often turn aside the otherwise sound judgment of the physician.

Attention
to details.

Lastly, success depends upon a power of *attention to details* that is not always found in minds broad enough to grasp the case as a whole. Minds, as has been pointed out, are generally characterised by observation *or* imagination. The former quality gives accuracy in details, the latter broad and

wide views. The combination is rare, and those who possess it are generally masters of their profession, and in nerve diseases this union is of especial value. The doctor who knows and sees that his patient is not disturbed at night after the last massage; who gives exact orders as to her detailed routine throughout the day; who ascertains she is not roused and agitated by the noisy cleaning of grate and room early in the morning, will do much to ensure the general success of his elaborate treatment.

A capacity for taking pains and for arranging details of treatment may turn the scale from failure to success in a doubtful case. So much, then, with extreme brevity, for the doctor and his personal powers:

Let us now consider, in the second place, the conditions of success in connection with the patient.

Here we find that success is greatly handicapped if the patient has been already the victim of previous failures. As Dr. Allbutt has pointed out, these always act prejudicially in sapping the confidence and courage of the sufferer. Personally I have

Difficulty
of treating
failures.

found this a most difficult complication to deal with.

The mechanical routine of a, so-called "Weir-Mitchell cure" is now so well known, and so absurdly regarded as such a universal panacea, that this or something else has often been tried unsuccessfully before you see the patient, with the result that anything approaching the same methods is already regarded with suspicion; though it may essentially differ, and result in success instead of failure.

Confidence
in doctor
and nurse.

Another element of success in the patient is confidence in the doctor and nurse. I add "nurse," because many physicians are not aware how this person can weaken or wholly frustrate all efforts at a cure. A case occurs to me that, treated by Weir-Mitchell method twice, only resulted each time in failure and actual loss of weight. Secret sapping of the doctor's influence, with neglect of orders, was the cause in one; and open rupture of the two, neutralising all efforts, in the other. The case was difficult, but with agreement between the two was eventually successfully treated.

I must not omit here, as distinct from

all diagnosis of the disease, and as a great element of success, a close study of the patient's personality and mental calibre. Study the patient's personality.

This so often necessitates, even in two suffering from the same symptoms, a course of treatment in one case entirely different from that required by another.

The personal factor is so comparatively valueless in ordinary physical diseases, such as pneumonia or gout, that one is apt never to consider it, until one finds, from disastrous experience in functional nerve disease, that its proper consideration is in its way quite as important as accurate diagnosis.

We now come to the methods of cure; and here it is obvious that, though success depends largely upon the physician and much upon the diagnosis, it must depend still more upon the use of right and adequate means.

In the first place, then, with neurasthenics, in the greater number of cases "cast-iron systems" of treatment turning out "machine-made" cures stand condemned in theory and in practice. If one may say a word from practical experience, it is that the Machine-made "cures" useless.

chief cause of the failures I have come across has been the ordering of such and such cure by name : (involving some fixed routine and surroundings), that failed because not adapted or adaptable to the patient's special needs. Of course, wherever a doctor has any fixed system, or wishes to save himself trouble, these ready-made expedients are very tempting ; but we must here lay down as an important condition of success the making a system or treatment to suit the patient, rather than a patient to suit the treatment. It is far otherwise when dealing with any definite and well-known lesion, such as enteric fever. Here the more of routine and fixed treatment often the better.

Methods
must be
adequate.

I have spoken of the adequacy of the methods used. This adequacy must not be judged by the amount of potent drugs prescribed, or the violence or expense of the agencies employed. They may range from the most elaborate combinations of psychophysical treatment, conducted in a well-appointed home with every possible adjunct, down to a few simple prescriptions, or even short medical talks, or a change of environ-

ment or occupation, or mere rest, pure and simple.

No method can be decried as trivial that succeeds in curing the patient; but, on the contrary, that plan is best that arrives at this result with the least time, trouble, and expense.

No expense, however, is so expensive as ill-health, and one of the strangest of the many strange phenomena that are seen in otherwise rational people is the ungrudging way money is spent on dress, jewels, and luxuries, and the short-sighted economy that is everywhere in evidence when it is a question of health, by which alone these luxuries can be enjoyed.

ill-health more expensive than any cure.

Most methods involve the use of nurses or trained attendants, or companions of some sort; and here, as we have already hinted, is a frequent cause of non-success. Doctor, diagnosis, method—all may be right, and yet there is no cure because the subordinate agents are inefficient.

No "nerve" nurses.

This is not the place to enlarge upon the reason why this is so frequent, based as it is upon the non-recognition of the great need there is for a class between the

Neuras-
thenic
nurse not
yet pro-
duced.

three-years hospital-trained and starched-and-ironed aseptic nurse of the period, and the depressing mental attendants known to alienists. The neurasthenic nurse is a being yet to be evolved as a definite product, but she is sometimes met with as a chance growth in out-of-the-way places—frequently painfully ignorant, alas! of the simplest hospital routine. The ordinary nurse dislikes the neurasthenic cases, largely because she does not understand the reality of the disease in the absence of physical lesions, and partly also because in hysterical cases there is not only the appearance of fraud, but often a perverted mental bias that takes pleasure in fault-finding, and setting the nurse against the doctor, and *vice versa*.

It is well for the doctor to remember this, and, even when a nurse has to be changed, to uphold the nurse to the patient whenever possible, even on therapeutic grounds.

At present
the nurse
is born,
not made.

Nascitur non fit is undoubtedly the distinguishing motto of the mental nurse, though the "fitting" is most necessary and useful also; but until this is recognised, and the nurses are to be had, what is the doctor to

do? Well, of course, he has to cure his patient. At present, for want of adequate help, the cure has often to be effected by his own personal influence and visits to an extent that would not be in the least necessary were our training system more adequate and really efficient helps to be had. This is all very well for patients that can pay, but is naturally very expensive.

Hence the
expense of
cures.

The outcome is, therefore, clearly this, that the treatment of all difficult neurasthenic cases is necessarily, and from causes quite beyond the doctor's control, far more expensive than that of any other class of disease (excluding, of course, any involving major surgical operations), and far more expensive than it need be, were efficient nurses to be had.

This question of nurses raises that of nursing homes generally. In the first place, neurasthenics cannot, as a rule, be cured in their own homes, for what they one and all need is rest in some form. Now, to women home is the sphere of the greater part of their work, to the man only is it (with exceptions) the place of rest. Hence home is obviously not the environment needed

On nursing
homes.

for women ; and for other reasons men also are cured more certainly and expeditiously away from their own family circles. This necessitates the nursing home as an indispensable adjunct for at any rate part of the cure.

True
Quality of home determines success of treatment.

Now, it is not too much to say that the quality of this home largely determines the question of success in the treatment. Nursing homes are so frequently unsatisfactory that many physicians have been driven to run their own. This has, of course, its advantages, but it has great and serious drawbacks. Of course I am here not speaking of surgical homes, or of any treatment but that of neurasthenics.

Personally, I have never been able to get over the professional feeling that a physician ought to look to his fees, and to his fees alone, for payment for his services, and should not directly or indirectly run a boarding-house under any name, or share in the profits if derived from his patients.

Should doctors have their own ?

It may, of course, be urged that a doctor can have his own nursing home, and yet have nothing to do with its management or profits. In this case, however, it is hardly

his, though his patients may go there ; and of course he fails to have the perfectly free hand in dietaries—so all-important—that he has when its pecuniary management is in his hands.

It may not, indeed, be difficult to show that it is to the patient's own interest that the home should be run by the doctor, and many medical men will see no weight whatever in what I urge against making a profit from board and lodging. One can in this only speak for oneself, and for all others like-minded.

At any rate, whether the home be the doctor's or the matron's, it must be one where the dietary is practically unlimited, where the food can be relied on to be of the best and well cooked, and, not least, punctually served with cleanliness and nicety. The room should be quiet and airy, and at any rate major surgical operations should not be conducted in the home. If possible, it should have some private grounds or garden attached to it.

The matron or sister may or may not actively co-operate in the treatment, but should at any rate avoid the slightest adverse comment on any methods she may not

The
matron.

understand or agree with. She should be prepared to change the nurse at the doctor's request till the patient is suited, and to promptly carry out all his orders.

Treatment
of neurasthenia
proper.

Finally, we must touch on one or two details which have much to do with success in these cases. Comparing the different varieties of functional nerve disease, we may say that the treatment of neurasthenia proper and hysteria is fairly distinct.

In the former, where the whole mental system is sound, and it is the brain that is worn out physically, while rest is good, isolation is not often needed, and over-feeding and massage can frequently be dispensed with. In neurasthenia, moreover, we never fight against the symptoms, as we have to do in hysterical cases.

Treatment
of hysteria.

These latter, too, require isolation, nearly always some form of Weir-Mitchell "cure" with massage, and probably a large amount of suggestion, direct or indirect, which neurasthenics do not.

In mental cases, however, rest in bed is by no means a routine matter, for it nearly always aggravates the disease. It is also not

often of value, as we have seen, if the physique is otherwise good and sound, and the nervous system alone is overworked and weakened, as in neurasthenia.

It is, however, generally needed in cases of malnutrition, in diseases of neuromimetic origin, and in doubtful nerve cases, to give time and opportunity fully to determine the diagnosis; also, in severe nervous prostration, even without other physical lesions; and in all cases coupled with cardiac insufficiency.

Massage is, of course, always needed for Value of
massage. digestive purposes, to take the place of active exercise, where there is entire rest in bed. Besides this, it is of special benefit in all disorders of the circulation, in all wasting or weakness of muscles, in all stiffness or weakness of joints, in most cases of pain, in congestions of internal organs, in many forms of cardiac disease.

To some massage is a severe trial, to others a great pleasure. It is, however, a necessity to all; but its value to some extent depends on the personality of the masseuse. She can do much to help the treatment, and not a little to hinder it. The skill

also varies greatly, and to those who dislike it this is of special importance.

Isolation. The question of friends and relatives is a difficult one, and is not answered by the simple rule of complete isolation. This is invaluable in hysterical cases, wherever it can be carried out without too much depression or irritation of the patient; but there are many cases where too rigid insistence on it means failure, either from the patient leaving in consequence, or from the bad results on the nervous system. Here, as elsewhere, success follows an intelligent combination of flexibility with firmness.

Suggestion. Lastly, a word as to "suggestions." These, as pointed out in the previous chapter, can seldom be assimilated if made directly.

We must remember one great point with regard to suggestion—that it is like nitrogen. Nitrogen is the essential element in all animal life—it forms four-fifths of the air we breathe; and yet, curious to say, we have no power to use it in a pure state. We can only take it indirectly, when combined with other substances in the form of proteid food. It is the same with sugges-

tions. Not one hysterical sufferer in a hundred can receive and profit by them if made directly—that is, consciously ; they must generally be presented, as we have said, indirectly to the unconscious mind by the treatment and environment of the patient. An electric shock often cures slight hysterical diseases instantaneously, more particularly if it is expected to do so ; acting, as it does, on the unconscious mind through the conscious.

No doubt it would be easier if we could say to these sufferers, “The disease is caused by suggestions from ideal centres, and, to cure it, all you have to do is to believe you are well” ; and, indeed, with a very few this can be done with success, even in cases of some gravity, while in very slight symptoms of “nervousness” this direct auto-suggestion is quite successful. Still, as it would be impossible for us to take our nitrogen pure from the air, the mind cannot as a rule be thus acted on directly when the brain is unhealthy : suggestion must be wrapped up in objective treatment. Hypnotism is of doubtful benefit in most neurotic cases. Some patients, as we have seen, and many

Best given indirectly.

Hypnotism.

of low mental calibre, are benefited by the direct suggestion that they are rapidly getting well; more, however, benefit by the use of means directed to combat the symptoms complained of—such as electricity, massage, drugs, exercises, etc.—which, besides doing a very great amount of good directly, do still more by the suggestions they convey to the patient's mind, and thus afford a rational prelude to an intelligible cure. They appeal to the patient's reason, and afford satisfactory food to the mind, which finds a very natural gratification in the use of extensive and elaborate means.

Thought-
turning.

Another form of indirect suggestion, that can only be administered by a physician who is in the fullest confidence of his patient, is that which points out the evil and the weakness and the folly of that character of mind that feeds upon itself; and that draws out the mind to altruistic and worthy objects, and thereby alters the flow of the unconscious current of thought, which has been feeding the disease all through; and thus makes the subconscious mind itself undo the mischief it has done.

Other details important enough to effect

success are the management of dyspepsia, circulation, sleeplessness, constipation, restlessness, depression, and other troublesome symptoms.

In neurasthenia, quite as much as in hysteria, the beneficial influence of real confidence in the doctor is very marked ; and when this is assured, the patient makes rapid progress, owing to its stimulating effect upon his unconscious mind.

The personal factor must bulk largely in all cures of functional nerve disease, and its value must be recognised and used, always with wisdom and care, lest that which is a valuable aid to health be used as a crutch to support ill-health. It is here indeed that the practical wisdom of the medical man comes in ; for the mental factor and influence may, like any drug, be abused as well as used, and overdoses may drug or even poison the patient as much as opium or chloral. A moment's reflection, indeed, will show that no power so strong as the "force of mind" can be used without due care.

Finally, in most nerve cases, to ensure a permanency in the cure, the patient should

Personal
influence
of doctor.

After-
treatment.

not return to the surroundings connected with his diseased state. An effort should be made to find out his tastes as regards place, occupation, sports, and amusement, and the definite directions given (which should never be omitted) as to after-life, for at any rate some months, should as far as possible coincide with the natural bent of the patient's interests.

Cycling
and golf.

It may be borne in mind that in cycling and golf we have now two favourite and powerful therapeutic agencies.

For the successful treatment, then, of nerve diseases of all sorts, we need much that might be taught in the schools, but is not, and much that cannot be taught in any school. I consider that the successful nerve doctor owes less to his teachers and more to his idiosyncrasy, experience, and applied common sense than any other variety of medical man.

Special
treatment
in neurasthenia.

So far we have spoken of the cure of functional nerve disease generally. We will now note a point or two in connection with neurasthenia as distinguished from neuro-mimesis (or hysteria).

In the treatment of these cases, if otherwise healthy, we have this great advantage over hysteria, that in nervousness the main cause is nearly always external to the patient, whereas in hysteria it is nearly always within the brain itself. On the other hand, we must remember that, while it is the tendency of cases of hysteria suddenly to get well under treatment, cases of nervousness never do, but always require a considerable length of time.

The first great means of cure in neurasthenia is obviously to remove the principal cause ; and whenever the disease is clearly recognised, this must be done at all costs. That is to say, whether it is school, college, business, professional or public work, it matters not, it *must be* stopped for a time at once ; for it must be remembered that every month's delay may mean at least double that extra time in cure. If the trouble has been brought on through prolonged overwork or worry, total rest may be best. If it is through cessation of hard work, and want of employment of the brain in its accustomed way, some steady healthful occupation must be prescribed and carried out. If it is a slight case of over-pressure in one

Remove
cause in
neurasthenia.

special pursuit, total change of work to some other line may suffice.

It may be that this brain or spine irritation is set up by some cause outside the head, but inside the body—as by certain objectionable habits not uncommon amongst growing boys and girls, by over-eating, by spirit-drinking, or by tight-lacing.

Cause can
generally
be re-
moved.

In any case the cause should be carefully sought out, and in nearly every case it will be found to be something which the patient can and must lay aside as a first means of cure. The symptoms may be, of course, due to some organic cause, such as a growth in the brain, or trouble in some internal organs; but nerve symptoms arising from these do not properly constitute the disease of nervousness.

Natural
symptoms.

We must also remember that many people are “nervous” even when in health, from being of a nervous temperament and coming of a nervous parentage. The symptoms here, though resembling those we have described, need not excite apprehension, being natural to the individual. It is when a person, not naturally prone to these symptoms, begins from a certain date suddenly or gradually to develop them, that we recognise the onset

of a distinct disease known as "nervousness," or neurasthenia.)

Having thus removed the initiatory cause of the disease, whatever it may be and at whatever cost, we proceed to further steps. These consist of temporary change of scene and life, of the careful observance of the five laws of health—good food, pure air, proper clothing, cleanliness, and suitable exercise and rest—and of the use of certain drugs.

Observe
the five
laws of
health.

If the body is sound and the health good, the change will generally take the form of foreign travel by land or sea. This travel must not be hampered by too fixed plans, by insufficient means or insufficient time, or by uncongenial society. In some cases the sufferer had best be alone, in others some wise and cheerful friends should go; and in the worst cases a young medical man would be best. If the case has, however, been allowed to progress to nervous debility, no such measures are possible at first.

Travel
generally
beneficial.

Carelessness in this respect, of not recognising and curing nervous irritation till it has proceeded to nervous exhaustion, has led to deplorable results, not only in wasting hundreds of pounds and months of time, but in dragging

a worn-out body about on what may truly be called "a wild goose chase," often leading to loss of life or permanent loss of health. When shall we learn that no nerve cases, unlike other diseases, can be successfully treated by any routine, but that each case must be separately and intelligently studied on its own merits, for no two are alike?

Value of
rest in bed.

All cases of debility, therefore, must be put to bed, preferably under the direct care of doctor and nurse, and apart from the too sympathetic surroundings of home and friends: though this is by no means the *sine quâ non* in these cases that it is in hysteria. The strength must be quietly restored and the system rebuilt by food, massage, electricity, and rest. This rest will, of itself, combined with the vivifying influence of new brain material, do a great deal towards not only curing the physical debility, but the nerve trouble as well; and afterwards the therapeutic force of new impressions, and perhaps a certain amount of medicinal aid, will complete the cure.

One or two special points in treatment may be mentioned here.

In combating sleeplessness in these cases

opium is not a useful drug, and should not be used. Coffee (strong) and tea sometimes aggravate the disease, but sometimes are beneficial.

As a guide to treatment we may remember Guide to treatment. that, though many of the symptoms of nervousness are similar to those of anæmia, in the former disease the blood is of good quality and there is no weakness of the heart, while in the latter it is very poor and there is some weakness. There may, of course, be combinations of the two, for anæmia paves the way to nerve irritation. Iron is of use in both diseases. Again, if these symptoms arise from organic disease, we find the reflex action of muscles, such as the knee jerk, diminished; whereas in functional nervousness they are increased. Again, if the seat of the nerve trouble be in the brain, walking is a very good remedy; if in the spine it is bad, and often cannot be undertaken for some time.

The leading drugs that have been found Pharmacy. of some power in this special disease, more particularly in America, where alone it appears to have been thoroughly studied, are: ergot, arsenic, Indian hemp, caffeine, coca,

salts of zinc, and bromides, with Fowler's solution. All require careful administration under direct medical advice for definite limited periods. Cod-liver oil is also of use; and galvanism in the first stage, and faradisation and galvanism in the second. So-called galvanic belts are useful only by occasionally acting through the mind by faith. Their supposed galvanic power is practically of as little direct use as the "liquid" electricity of the late Count Mattei.

After-cure. The after-cure of neurasthenics is always a matter of anxiety: as a broad rule, one may say that the seaside and an altitude over 2,000 feet do not suit most, but a voyage, woods, and lower mountain slopes do. The pursuit of one's favourite outdoor sport or occupation, with moderate cycling, is a good general scheme.

Which
voyages
are best

In voyages for rest in nerve irritation, the Cape and Australia are best; in voyages after partial restoration from nervous debility, the Mediterranean, India, and America are preferable, because they are more lively.

As a rule, the treatment is and must be tedious, and should be about the same length as the disease. When the patient is

restored, he need never relapse if his after-life is regulated by common sense and hygiene.

Travelling long distances to town daily may produce this disease, and after a cure the travelling must not, of course, be renewed, but a move made nearer to business.

In neurasthenia there is a distinct danger of alcoholic stimulants, the use of which should always be controlled by the doctor. There is no disease whose beginnings are more easily checked, or whose advanced stages are more difficult to cure.

Alcohol
and neurasthenia.

In summing up the treatment of this disease in either stage, we would say: first make sure of the diagnosis as to the disease being a functional irritation or exhaustion of the nerve centre in brain or spine; and then, having made sure that the disease is actually there, find out the real cause or causes that produced it.

And now we come to the medical treatment of neuromimesis, the form of hysteria with which we are specially concerned here.

Treatment
of neuromimesis.

With regard, then, to the cure of neuromimetic hysteria, it is most important that, like neurasthenia, it be undertaken as soon

as the disease is clearly recognised ; for we must remember there is always a danger of the want of use of any part leading to real organic disease of that part, often in a very short time, and in emotional hysteria may possibly develop into other brain disorders. The mode of treatment must, of course, vary with the character and gravity of the disease : certain general principles, however, can be safely laid down. But, first of all, it may be broadly stated that no one can successfully undertake such cure unless he fully recognise the origin of the disease, its gravity, its real nature, and its distressing character. The doctor should be full of sympathy, but, except in rare instances, show none.

Is it
hysteria
only ?

The first thing, of course, is to ascertain that the disease is hysteria *only*. Now this is a most difficult thing to verify in these patients, and nothing is more common than to find a disorder of the mind treated as a disease of the body ; but on the other hand it does happen at times that, in trying to avoid this error, diseases of the body are mistaken for diseases of mental origin only.

As I write this, three such cases are brought before me.

One is that of a broken leg, which was set, but when examined a fortnight after for excessive pain was diagnosed as a nervous affection and treated by massage, with the result of preventing the union; the true state of the case being revealed by the Röntgen rays.

Organic
disease
mistaken
for
hysteria.

Another, that of a boy of very nervous temperament, whose parents were repeatedly assured by medical men of standing that the constant pain, sweats, and loss of flesh were due to "nerves" alone, until sudden hæmorrhage revealed tuberculosis that had been long there.

A third, that of a girl diagnosed to have "hysterical" pain in the hip, for which violent movements were prescribed, until after a fortnight the Röntgen rays revealed dislocation of the joint. Of course on the other side the instances are innumerable of nervous disease being diagnosed as organic, and many a patient has lost his leg through "hysterical" knee-joint disease.

Mistakes
made on
both sides.

The serious mistakes thus made on both sides by eminent and skilled surgeons and physicians indicate the extreme difficulty at times of arriving at the truth, and the great care needed in diagnosis.

Knee

If there is, however, after careful examina-

tion, clearly no organic disease at the bottom, then the case must be one arising from nerve disorder, the cause of the nerve disorder being either physical or mental, or often a combination of both; the brain being, of course, wholly dependent for healthy action on good blood.

The vicious circle.

A vicious circle is often kept up in these cases which it is absolutely essential to break. They begin, it may be, with loss of appetite from some slight cause. This, in these cases, leads to disordered thoughts, and the idea of disease is started. This, again, makes the appetite still more capricious; the thoughts therefore get still worse, and so the body starves the brain, and the brain the body; and the emaciated patient, having, probably enough, first of all, worn out her friends, sinks at last into her grave from sheer starvation. I have seen such deaths.

Travelling often a mistake.

The pernicious practice of sending these patients to travel here and there in search of health cannot be too strongly condemned, and in my experience has led to most disastrous results. The Continent is full of these miserable parties of pale-faced sufferers, with their anxious relations and friends,

wandering despondently about in search of what they will never find there. The worst cases I have ever met with are of this order, and have come for treatment direct from the midst of some futile tour ; and I cannot but think such cases are often sent abroad as a last resource by physicians who have never really grappled with the question as to how such diseases can alone be cured.

The first thing obviously is to re-make as far as possible the vitiated body and brain with fresh flesh and blood and nerve ; and then, when we have put the patient into the best possible bodily health, we shall have cured the physical cause of the nerve disorder at any rate. Then, or even simultaneously, any mental and possibly moral cause in the unconscious mind must be deliberately, scientifically, and systematically attacked by the careful substitution of good habits of thought and action for bad. This is done mainly by suggestion, but without any of the doubtful and unpleasant accompaniments of hypnotism.

Hypnotism is indeed by no means specially suited for hysterical cases. Ernest Hart, who collected much information at the Salpêtrière,

Re-make
body and
brain.

Hypnotism
not very
successful
in hysteria.

writes: "Charcot, Richet, Babinski, and others have concluded that for curative purposes hypnotism is very rarely useful, generally entirely useless, and often injurious."

As a matter of fact, useful therapeutical suggestions can perfectly well be made naturally without hypnotism. At present its use is perhaps greatest in affording a unique means for investigating obscure psychic phenomena. In this direction it is far more successful than in therapeutics.

It is not, however, enough in mental therapeutics to present good suggestions; we must also remove previous bad ones. Such a patient must therefore be isolated, to avoid conversations about, and sympathy being shown with, the patient's sufferings; all of which keep up the action or vibration of the diseased ideal centres.

Range of
mental
thera-
peutics.

The range of mental therapeutics is, however, by no means limited to hysterical diseases. The powers of the unconscious mind are such that we can place no limits to its influence. When the mind is really unsound, it is interesting and remarkable—though quite intelligible—to notice that mental therapeutics generally fails; obviously because

the conscious psychic element through which it should act is in itself disorganised. From what has been said, it will be gathered that in ordinary and some nervous diseases, while mental therapeutics acts largely through the unconscious mind, it can also be successfully presented directly to the intelligence ; and, on the other hand, in true hysteria nearly all the work has to be done unconsciously, the conscious mind being fixed, not on mental therapeutics, but on the outward means used. Suggestions are often advantageously directed to the sound parts of the body, leaving the diseased part severely alone.

Suggestion in hysteria is said to cure the physical condition through an intermediate emotional change—in short, by a feeling rather than a thought. It must of course begin with an idea ; but when the doctor-moralist tries to inculcate a valuable fixed idea, it must not be too far off or difficult of comprehension. Such ideas often fail of their effect with indolent neuropaths, who are all more or less afflicted with mental myopia. The moment the new idea or suggestion is adopted, it begins to act on

Ideas not
too diffi-
cult.

the body through the unconscious mind exactly like a drug.

Cures
effected by
uncon-
scious
mind.

The best cures of hysteria are naturally, therefore, effected through the unconscious mind. If the case is in every way in good health, and has not entered the vicious circle of dyspepsia and debility, it may be cured instantaneously by applying to the irritated ideal centres that keep up the disease good suggestions, consciously or unconsciously, sufficiently powerful to overcome the bad ones. Suggestions are thoroughly effectual if one uses the boldness and force of which Sir James Paget speaks, and has gained the respect and trust of one's patient.

If all this appears as novel as some of the terminology here used, it is simply because mental therapeutics is still the Cinderella of medical science, for it is yet very dubious orthodoxy to suggest that there can be any means of cure more potent than those found within the revered pages of the British Pharmacopœia.

Rational
and
psychic
treatment.

This rational and psychic treatment is, however, certainly gaining ground. It has, as we have said, a negative and a positive side. The negative consists in removing injurious

influences from the patient's mind, whether they be objective from the outer world, or subjective from the patient's own disordered thoughts; the positive, in infusing into the patient's mind curative mental influences, such as hope and rational ideas, which tend to counteract the unsound mental action. It is needless to say that a successful doctor requires in this a combination of tact, knowledge of human nature, patience, and temper that all do not possess.

Such tact and character are every whit as conducive to success as a scientific equipment.

It is important to remember that, when the brain is restored to health by good nerve tissue and healthy blood, it can be made by suggestion to exercise as healthy an influence over the body as previously it exercised a harmful one. If ideal centres can produce ideal diseases, surely the rational cure is by first bringing these ideal centres into a healthy condition, and then making them the means of curing the ideal disease. Mental disease requires, and can ultimately only be cured by, mental medicine. When will this be understood? And when will nauseous

Healthy
brain exer-
cises good
influence.

drugs cease to be ministered to a mind diseased? Of the usual remedies given, Dr. Russell Reynolds says:—

“The whole list of anti-hysteric remedies—musk, castor, valerian, and the like—appear to have this one property in common: that they do no good, and delay the real treatment of the case, which is not one to be cured by nauseous ‘gums,’ but largely by mental, moral, and social management.”

Tonics, in helping to build up the new flesh and blood, are, of course, valuable.

Electricity. Electricity, properly applied, is also a therapeutic aid we can seldom wholly dispense with; and the reason of its value is obvious when we consider it is the most powerful agent that we possess for direct action on the nerves.

If the case be a severe one it must be withdrawn from all its surroundings during the cure; and afterwards, if these are bad, it must *never return to them again*.

Such are a few bare general outlines of methods that have to be varied to suit each separate case. We may now briefly recapitulate one or two points.

Bear in mind that perhaps the most

powerful curative agent at your disposal is a suggestion properly conveyed. If you have confidence, and have gained the respect and trust of your patient, you can suggest and produce many symptoms. If, for instance, you press some particular part of the spine or elsewhere, and say, "Do you feel any pain here?" he will say "No." But if you persist in your suggestion half a dozen times, and the nervous centres are at all susceptible, he will say "Yes," and the pain suggested by you will be felt.

Now, is it not rational to believe, even if we have not positive proof, that if you can produce pain in a joint by suggestion, you can take away suggested or hysteric pain by the same means, and *by the same means alone*?

Then isolation under the doctor's care for a while is nearly always necessary; because the suggestions that the disease is local are generally kept up by the friends and relatives—unless, indeed, they fly to the opposite extreme, which is as bad or worse, and say it is all sham and nonsense. It is so difficult not to do harm by sympathising with the patient's sufferings; and,

Import-
ance of
suggestion

and of
isolation.

for many reasons, few difficult cases can be cured unless the environment be wholly changed, and specially adapted for the cure.

New brain
is built up.

A new brain is then built up of new healthy tissue by the well-known methods, modified as needed, in about a month ; during which it is kept free from all bad suggestions, and at the same time insensibly and unconsciously brought under the healing power of good ones. This building up is nearly always required if the disease is of any standing ; for we must remember that, the nerves being the one channel through which all energy is conveyed to every part of the body, when they go wrong the whole body soon gets wrecked.

No details
of treat-
ment given.

We do not give any detailed particulars of treatment, simply because it is absolutely impossible to do so ; and any one who starts off with an implicit faith in massage or electricity, or Weir-Mitchell or any other man, and treats his patients by any fixed routine, is almost bound, from the very protean nature of the disease, to fail.

I must add here one word about religion. While it is true that the morbidness and over-introspection that accompany various

sorts of fanaticism form one of the greatest emotional causes of hysteria, on the other hand true Christianity in its Divine simplicity as taught by its Founder is most beneficial to the mind. Dr. Ormerod may be quoted here. He says: "Few things are more opposed to hysteria than the trustful, patient, altruistic spirit inculcated by Christ; and few things more conducive to it than the excitement seen in revivals, or the mysticism or self-conceit which sometimes poses as religion."

Value of
true Chris-
tianity.

As in all else, it is the true that helps; the imitation only harms.

Here, therefore, we bring our remarks to a conclusion. Enough has, perhaps, been said to rescue nervous sufferers from the undeserved contempt with which their diseases are so often treated, not only by their friends, but even by their doctors; to show the real character of the disease; and, further, to indicate the lines of rational treatment, by which cases of any gravity can alone be cured.

A SHORT GLOSSARY

Addison's Disease.—A disease where the skin becomes very dark in colour.

Ætiology.—An account of the causes of disease.

Agoraphobia.—A fear of crowds or open places.

Alienist.—A doctor for disordered minds.

Aliment.—Nourishment.

Amnesia.—Loss of memory for words.

Anæsthesia (*without anæsthetics*).—Loss of consciousness (without chloroform, ether, etc.).

Aneurism.—A tumour containing blood.

Angina pectoris.—A disease of acute pain in the heart.

Anodyne.—A medicine that relieves pain.

Anorexia.—Dislike to food.

Anuria.—Suppression of urine.

Aorta.—The large artery leading from the heart.

Aphasia.—Loss of speech.

Aphonia.—Loss of voice.

Apnœa.—Stoppage of respiration.

Arterio-sclerosis.—A hardening of the walls of the arteries, seen in gout, old age, etc.

Atonia.—Want of tone.

Atrophy.—Wasting of muscles.

Auto-suggestion.—Self-suggestion when fully conscious without hypnotism.

Borborygmi.—Internal rumblings.

Cerebration.—Action of the brain.

Cheyne Stokes respiration.—A form of intermittent breathing.

Claustrophobia.—A fear of confined spaces.

Clinical (literally "by the bedside").—What the physician observes in the patient.

Clonic spasm.—Spasmodic shaking of limbs.

Coccyx.—The last bone of the spine.

Conjunctiva.—The mucous membrane covering the eye.

Demoniac state.—A condition of hysteria with violent movements and contortions.

Dermatoses.—Diseases of the skin.

Diabetes.—A wasting disease with sugar in the urine.

Diathesis.—Temperament.

Dominants.—Controlling ideas that determine the conduct.

Dysæsthesia.—Insensibility.

Dysphagia.—Difficulty of swallowing.

Dyspnœa.—Difficult respiration.

Dysuria.—Difficult in urinating.

Ecchymoses.—Effusion of blood under the skin.

Ecstatic state.—A rigid position with a fixed smile.

Exophthalmic goitre.—Swollen neck with protruding eyes.

Faradisation.—Using the faradic electric current.

Flatus.—Wind in the intestines.

Floating kidney.—A loosely attached kidney, that is freely movable.

Galvanism.—Electricity with the constant current.

Gangrene.—Mortification.

Gastralgia.—Pain in the stomach.

Goitre.—Enlargement of the neck.

Hæmatemesis.—Vomiting of blood.

Hemiplegia.—Paralysis of half the body.

Hyperæmia.—Excess of blood in a part.

Hyperæsthesia.—Excessive sensibility.

Hypnotism.—The production of artificial sleep without drugs.

Hypochondria.—An apprehension of disease.

Hysteria (Emotional).—A nervous disorder with fits and anæsthesia.

Hysteria (Imitative).—Another word for neuromimesis.

Ideo-motor.—Movement resulting from ideas.

Ideo-sensory.—Feelings aroused by ideas.

Incontinence.—Loss of power over the bladder.

Incoördination.—Want of harmony in muscle action.

Inguinal.—Connected with the groin.

Insomnia.—Loss of sleep.

Intermittent.—Irregular (action of heart, pulse, etc.).

Lesion.—An injury to a part.

Malingering.—Shamming.

Monophobia.—Fear of being alone.

Muscæ volitantes.—Specks floating before the eyes.

Mutism.—Dumbness.

Myopia.—Short sight.

Nascent.—Just born.

Neurasthenia.—Nerve weakness.

Neuromimesis.—Nerve mimicry.

Neuropath.—Nerve sufferer.

Neuroses.—Affections of the nerves.

Neurotic.—Nervous.

Œdema.—A swelling of any kind.

Optic nerve.—The nerve of sight.

Paraplegia.—Paralysis of lower half of body.

Paresis.—Loss of power.

Paræsthesia.—Imperfect sensation.

Pathology.—The study of disease.

Peripheral.—To do with the external surface.

Phonate.—To make a vocal sound.

Placebos.—Medicines given to satisfy the mind.

Polyuria.—Excessive urination.

Pott's disease.—Disease of the bones of the spine.

Prognosis.—Foretelling the course of a disease.

Prophylaxis.—Precautionary measures against disease.

Pruritus.—Irritation of the skin.

Psychotherapy.—Mind-healing.

Pyrexia.—Fever.

Retention.—An affection of the bladder.

Retina.—The nervous structure at the back of the eye that receives visual impressions.

Stigmata.—Marks in the skin produced by hysteria.

Tactus eruditus.—An educated touch.

Tetany.—Lock-jaw.

Tonic spasm.—A fixed convulsive state of limbs.

Ultra-red.—Invisible heat rays beyond the red end of the spectrum.

Ultra-violet.—Invisible chemical rays beyond the violet end of the spectrum.

Urticaria.—Nettle rash.

Vague state.—A condition of clouded mind.

Vascular tension.—Pressure of blood in the arteries.

Vertex.—The top of the head.

Viscera.—Internal organs.

“*Weir-Mitchell cure.*”—A system of putting on flesh while in bed.

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